

**Huntingdon Valley Activities Association
P.O. Box 155
Huntingdon Valley, PA 19006
(215) 947-9823
www.hvaa.net**

HVAA Use Only

Cash/Money Order Amount _____

Ck. # _____ **Ck. Date** _____

Ck. Amount _____

TAEKWONDO YOUTH REGISTRATION FORM

PLEASE FILL OUT COMPLETELY AND PRINT NEATLY

Comments: _____

- Please mark if this is the **FIRST** time you are registering your child in an HVAA activity.
- Please mark if the address and/or phone number listed below has changed since the last time you registered your child in an HVAA activity.

Child's Name: _____ Sex: M _____ F _____ Height: _____ FT. _____ IN.

Address: _____ **Phone #** _____

Date Of Birth: / / Age:

Date Of Birth: ____/____/____ Age As of September: _____

Grade You Will Be Entering In this School-year:

Please list two contacts HVAA can use to inform you of schedules, rosters and other pertinent details applicable to your child.

Contact 1: _____ **Phone #:** _____ **Relationship to child:** _____

Work Phone #: _____ **Cell Phone #:** _____

Contact 2: _____ **Phone #:** _____ **Relationship to child:** _____

Work Phone #: _____ **Cell Phone #:** _____

A family member has _____ has not _____ attended a mandatory HVAA Parent Education Class

Registration Fees :

\$250.00 Per Year for youth (under 18)

\$275.00 Per Year for youth Non Huntingdon Valley Residents

PLEASE MAKE CHECK PAYABLE TO HVAA.

Parental Waiver and Consent Form: As the parent or legal guardian of the above child, I hereby request and give my full consent and approval for my child to participate as a team member in the sport designated above. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I understand that risks of injury are inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child, even if arising from the negligence or gross negligence of the releasees or others, and assume full responsibility for my child's participation. I hereby certify my child is fully capable of participating in the designated sport and my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence, gross negligence or any other cause. I have read this registration/consent form. I give full consent for my child's participation.

Refund Policy: If you wish to withdraw your child from the program and request a return of your registration fee, you must submit your request in writing by regular mail at P.O. Box 155, Huntingdon Valley, PA 19006, postmarked no later than 30 days after registration. Requests after that date will not be honored.

Parent/Guardian Signature: _____ **Date:** _____ **(MUST BE SIGNED & DATED!)**

Please mark if the E-mail address listed below has changed since the last time you registered your child in an HVAA activity.

Parent/Guardian E-mail address: _____ **(PLEASE PRINT NEATLY)**

By signing this registration form, children, parents and coaches agree to comply with HVAA's code of conduct. The Board of Directors reserves the right to refuse to register any child for any reason and to remove any child from any activity at any time.