

WHITE RHINO HISTORY REGISTRATION FORM

Register and pay for all youth and adult Karate classes in person at the Greenacres Community Center located at 525 Swain Blvd., Greenacres, FL. Complete refunds will be issued if class is cancelled or full and partial refunds issued according to the refund policy stated below.

Checks Payable to:
WHITE RHINO HISTORY

REFUND POLICY:

25% administration fee prior to 7 days before class starts, 50% after 1st class, 0% credit or refund after 2nd class. (A doctor's note will create a prorated refund).

WHITE RHINO HISTORY
SENSEI JEFF KELLJCHIAN
954-638-0584
C/O GREENACRES COMMUNITY CENTER
561-642-2090
501 Swain Blvd.
Greenacres, FL 33463
Monday and Wednesday 6:00 pm - 7:00 pm

_____Please Print All Information_____

Participant's Name: _____

Date of Birth: _____ Age: _____ Male / Female: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents Name / Emergency Contact: _____ Relation: _____

Day Phone: _____ Night Phone: _____ Email: _____

Please list if the student has any health related conditions, or any other physical or mental condition or handicap: _____

PARTICIPANT HOLD HARMLESS: I/we will be engaging in recreational activities that may involve risk of serious physical injury, including permanent disability and death. I further acknowledge that there may be other risks and hazards incidental to such participation including transportation to and from activities.

I/we hereby forever waive, release and hold harmless, White Rhino History, it's instructors, volunteers and/or participants from any and all claims arising out of bodily injury, loss of life and/or all other damages to my person or property as a participant in the program. I agree and acknowledge that this Release and Hold Harmless will apply and include any claims regardless of White Rhino History's own negligence. I/we understand that as a participant in a recreational program, accident insurance is not provided by White Rhino History.

In the event of an emergency, I/we hereby authorize the transportation to and treatment by the nearest hospital staff or an Emergency Medical Services Unit.

I/we further understand and agree that White Rhino History retains the right to dismiss me/us/our child(ren) from the program should my/our behavior of my/our child(ren) endanger myself or others is detrimental to the program or the programs intended purpose.

Signature of participant & parent /Guardian (if under 18 years of age)

Date

PHOTO CONSENT AND RELEASE

I hereby authorize White Rhino History to take photographs of my child(ren), and use these images in the promotion and marketing of White Rhino History programs, which may include media coverage and/or viewing by the general public. By signing below, I give my legal authorization for the use of photos of my child(ren).

Parent/Legal Guardian (Please Print)

Parent/Legal Guardian Signature

Date