



ISU MARTIAL ARTS PROGRAM

MASTER YONG CHIN PAK

Registration Form

“An Oath of Member”

1. We, as members, train our spirits and bodies according to the strict codes of etiquette.
2. We, as members, are united in mutual friendship.
3. We, as members, will comply with regulations and obey the instructors.

_____	_____	_____	Male or Female
Name	Date of Birth	Age	Sex (circle one)

_____	_____
ISU Student or (list occupation):	Freshman, Sophomore, Junior, Senior, Grad
Occupation	Classification (circle one)

_____	_____	_____
Major	Expected Graduation Date	B.S., M.S., Ph.D.
		Degree (circle one)

_____	_____	_____
City	State	Zip Code

_____	_____	_____
City	State	Zip Code

_____	_____	_____
Local Phone	Work Phone	Email Address

_____	_____	_____	_____
ISU Karate Club	ISU Hapkido Club	ISU Judo Club	
Club Name (circle one)		Rank	Date Started

Previous Martial Arts Experi-

_____	_____	_____
Club Name	Rank	Years

Liability Waiver

In consideration of your acceptance of my entry into the Iowa State University Martial Arts Program, I do hereby, for myself and my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against Mr. Yong Chin Pak, his teaching assistants, Iowa State University Physical Education Department, and/or Iowa State University, or their respective officers, agents, representatives, successors, and/or assignees, for any and all damages which may be sustained and suffered by me in connection with my association with or in the above athletic activity.

_____	_____
Signature of Participant	Date

_____	_____
Signature of Parent or Guardian (if participant is under age 18)	Date

