



**VOVINAM VIET VO DAO**  
**QUANG TRUNG - BOSTON, MA**



## REGISTRATION FORM

### Names

Student 1: First Name	Last Name	Date of Birth: _____	Gender: _____
		mm/dd/yyyy	
Student 2: First Name	Last Name	Date of Birth: _____	Gender: _____
		mm/dd/yyyy	
Student 3: First Name	Last Name	Date of Birth: _____	Gender: _____
		mm/dd/yyyy	
Student 4: First Name	Last Name	Date of Birth: _____	Gender: _____
		mm/dd/yyyy	

### Contact (parent/guardian responsible if students are under 18 years old)

First Name	Last Name	Relationship: _____
Address: _____		City: _____ State: _____ Zip: _____
Home Phone: _____	Work Phone: _____	E-mail: _____
Health Insurance Provider: _____	Policy #: _____	
Emergency Contact: _____	Phone: _____	

**Insurance:** Each participant, or their parent or legal guardian, is responsible for securing their own accident and health insurance while engaging in any Vovinam Việt Võ Đạo (VVN) activities. Vovinam Quang Trung Boston, Inc. (VQTB) does not offer insurance coverage for participants.

**Photograph and Video Permission:** I authorize VQTB to use any photographs or videos of me (or my child) for promotional or educational purposes in the future.

**Medical Treatment:** I hereby authorize qualified staff members of VQTB to administer cardiopulmonary resuscitation (CPR) and first aid to my child. If I cannot be reached, I also consent to my child being transported by ambulance or aid car to an emergency center for treatment. Additionally, I consent to the disclosure of health information and to any medical, surgical, or hospital care and procedures (including but not limited to administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, and drugs) deemed necessary or advisable by a licensed physician or hospital selected by a VQTB staff member to protect my child's health. I understand that any resulting hospital, medical, or related costs will be covered by my medical insurance or benefit plan.

**Release from Liability:** Acknowledging that VQTB will make every effort to ensure a safe experience, I understand that accidents may occur during my (or my child's) participation in VVN activities, including transportation to and from the training center. I agree to assume these risks. By signing below, I release VQTB from all liability for any damage, loss, or injury, whether resulting from ordinary negligence or otherwise, incurred by me (or my child) while participating in activities with VQTB.

**I have read and understood the above agreement and have completed this form to the best of my knowledge at this time. I will promptly update Vovinam Quang Trung Boston, Inc. regarding any future changes to the provided personal information.**

Signature of Student (If 18 or older): _____	Signature	Date
Parent or Guardian (If under 18): _____	Signature	Date
Received By: _____	Signature	Name
		Date