

I understand that neither r'Place...Your Space, r'Quam Martial Arts Academy, Randy Quam, RQLC LLC nor anyone connected with the instructions assumes any responsibility for accidents, medical, dental, or any other expenses incurred as a result of any activities. I hereby certify that my child/self is physically fit to participate in all activities and is covered by health and accident insurance.

I, _____
(Print self/parent or legal guardian name)
authorize all transportation, medical, surgical diagnostic and hospital procedures as may be prescribed or performed by a treating physician.

self/parent/legal guardian Signature

Name for Emergency Contact
(Someone available other than parent/legal guardian)

Name: _____

Phone: _____

Cell: _____

Allergies? ____ Yes ____ No

Medications needed ____ Yes ____ No

Special Medical Problems?
____ Yes ____ No

Family Physician _____
Phone: _____

Any Special Modifications?



r'Place...Your Space
Fitness and Community Center
"Every Season Every Reason"

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r'Quam Martial Arts Academy
Taekwondo Hapkido
"Training for life since 1973"

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