

# Tae Kwon Do

## TEACHING SELF-ESTEEM THROUGH SELF-DEFENSE

Please check the class you are registering for:

<b>MONDAY</b> <input type="checkbox"/> <b>May 15 – June 28, 2017</b> 3:30-4:30 \$40 Members \$48 Non Members	<b>WEDNESDAY</b> <input type="checkbox"/> <b>May 17 – June 26, 2017</b> 3:30-4:30 \$40 Members \$48 Non Member	<b>MONDAY &amp; WEDNESDAY</b> <input type="checkbox"/> <b>May 15 – June 28, 2017</b> 3:30-4:30 \$60 Members \$72 Non Members
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***There will be no classes the week of the Memorial Day holiday.***

Uniforms are optional. A complete uniform including belt is \$35.00.  
If you are interested, you may purchase a uniform from the instructor.

◆Return registration form and payment to the Carroll County Community Center◆  
**REGISTRATION DEADLINE IS MAY 12, 2017. \$10 late fee after the 12<sup>th</sup>**

### Participant Information:

Participant's Full Name: \_\_\_\_\_ Gender: Male or Female  
CCCC Member: Yes \_\_\_ or No \_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent's Name(s): \_\_\_\_\_  
Phone # (home): \_\_\_\_\_ (cell): \_\_\_\_\_ (work): \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Registration Information

In consideration of accepting my entry, I do hereby for myself, my heirs, executors, administrators and assigns, waive and release all claims, damages, which I may have or which may hereafter accrue to me against the Carroll County Community Center, its sponsors, representatives or assigns for any and all damages which may be sustained and suffered by me in connection with my association with or participation in the program. I attest I am physically fit and have full knowledge of the risks involved in the program. Participants and members involved in activities and classes give permission for use of their name, photograph, or other likeness of themselves, their oral or written statement; or other aspects of their personalities in whole or part for advertising or similar purposes. They give consent voluntarily and without expectation of any remuneration or reward and waive all rights to any such remuneration or reward.

**Participant/Guardian's Signature:** \_\_\_\_\_

Carroll County Community Center  
908 E Columbia St ♦ Flora, IN 46929 ♦ (574) 967-4449  
www.carrollcountycommunitycenter.com

### For Office Use Only

Payment Type: \_\_\_cash/ \_\_\_check# \_\_\_\_\_ Amount \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date \_\_\_\_\_