

# Tae Kwon Do

## TEACHING SELF-ESTEEM THROUGH SELF-DEFENSE

Please check the class you are registering for: *There will be No classes Labor Day week*

**MONDAY**

Sept 17-Oct 22, 2018  
4:00-5:00PM  
\$40 Members  
\$48 Non Members

**WEDNESDAY**

Sept 19-24, 2018  
4:00-5:00PM  
\$40 Members

**MONDAY & WEDNESDAY**

Sept 17-Oct 24, 2018  
4:00-5:00PM  
\$60 Members  
\$72 Non Members

**Payment DEADLINE IS the first day of class to avoid a \$10 late fee**

◆Return registration form and payment to the Carroll County Community Center◆

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

### 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 (if under age of 18) Signature: \_\_\_\_\_

Carroll County Community Center  
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www.carrollcountycommunitycenter.com ◆ Facebook.com/ccccflora  
e-mail:ccccfrontdesk@centurylink.net

### For Office Use Only

Payment Type: \_\_cash OR check# \_\_\_\_\_ Amount Pd \$ \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Date \_\_\_\_\_