

TAE KWON DO

TEACHING SELF-ESTEEM THROUGH SELF-DEFENSE

Please check the class you are registering for:

MONDAY

August 21 – October 2

3:30-4:30

\$40 Members

\$48 Non Members

WEDNESDAY

August 23 – October 4

3:30-4:30

\$40 Members

\$48 Non Member

MONDAY & WEDNESDAY

August 21 – October 4

3:30-4:30

\$60 Members

\$72 Non Members

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◆

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

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 ♦ www.facebook.com/cccflora

For Office Use Only

Payment Type: ___cash/ ___check#_____ Amount \$ _____ Staff Initials: _____ Date _____