**Tae Kwon Do**

**TEACHING SELF-ESTEEM THROUGH SELF-DEFENSE**

Please check the class you are registering for:

 **MONDAY & WEDNESDAY 🞎**

Jan 13 – Feb 19, 2020

3:30-4:30pm

$60 Members

$72 Non Members

 **WEDNESDAY 🞎**

Jan 15 – Feb 19, 2020

3:30-4:30pm

$40 Members

$48 Non Member

 **MONDAY 🞎**

Jan 13 – Feb 17, 2020

3:30-4:30pm

$40 Members

$48 Non Members

***Payment in full is DUE by the first day of class or a $10 late fee will be assessed***

🟆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

908 E Columbia St ♦ Flora, IN 46929 ♦ (574) 967-4449

[www.carrollcountycommunitycenter.org](http://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\_\_\_\_\_\_\_\_\_