

OFFICE USE: Date: _____ Initials: _____
Amount Paid: \$ _____ Check # _____

Please Check the Program Box you are Registering For:

Martial Arts - Ages 4-7/Monday and/or Wednesday/ 6:00-6:30pm
Cost: 1 class per week (7 classes) = \$35.00
2 classes per week (14 classes) = \$50.00

Tae Kwon Do - Ages 8-12/Monday and/or Wednesday/ 6:30-7:30pm
Cost: 1 class per week (7 classes) = \$50.00
2 classes per week (14 classes) = \$65.00

Tae Kwon Do - Ages 13-Up/Monday and/or Wednesday/ 7:30-8:30pm
Cost: 1 class per week (7 classes) = \$50.00
2 classes per week (14 classes) = \$65.00

** Program Session runs February 26- April 11, 2018

Participant Information:

Child's Name _____

Parent's Name _____
Please Print

Address _____
Street Number and Name

_____ City _____ Zip _____

List Phone Number you would like to be reached at with the YMCA's One Call System:
(_____) _____

Age _____ Grade _____ School _____

AGREEMENT:

I hereby certify that my child is in normal health and capable of safe participation in the above YMCA program(s). I (the undersigned) agree to hold harmless the Muskingum Family YMCA & Starlight School, its staff, volunteers & board of directors for all injuries which may occur to my child or myself while participating in the above program(s). If a participant is injured during any of the above program(s) the participant's parent/guardian & their insurance company are financially responsible. I give permission to the Muskingum Family YMCA to use, without limitation or obligation, photographs or videos which may include an image or voice for purposes of promoting YMCA programs in concert with our YMCA website, fliers, newsletters, *facebook* & other media outlets.

Parent/Guardian Signature _____ Date _____