

Tae Kwon Do



Ages: all ages

Days: Tuesdays & Thursdays

Times: 6:30 - 7:45 pm

Location: Vinton Recreation Center

Instructor: Kristine Shultis

Questions, call Kristine at 436-4554

Cost: Payment due 1st class of the month!

	<u>1st class of the month price</u>	<u>After 1st class of the month price</u>
1 participant	\$10.00	\$15.00
2 participants (same family)	\$18.00	\$30.00
3 participants (same family)	\$26.00	\$45.00
4 participants (same family)	\$35.00	\$60.00
5 participants (same family)	\$40.00	\$75.00

As you can see you will receive a price reduction by paying in advance. You can pay as many months in advance that you desire. All black belts that help instruct can attend class at no charge, but are under the direction of the instructor, Kristine Shultis.

- Please wear comfortable clothing.
- If school is cancelled or let out early due to bad weather, Tae Kwon Do class is cancelled.
- The instructor will keep you updated on all class changes, events and testing dates.

Please mail or bring registration form to the Vinton Recreation Center at 701 E A Street.

Make checks payable to VPRD. Questions please call 472-4164.



Tae Kwon Do

Participant's Name _____ Age (if under 18) _____

Parent/Guardian Name (if minor) _____

Street Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

1. I/We recognize that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities. 2. I/we release any photographs, videos, or both taken during the activity to be used by the City of Vinton for advertisements, training, or other purposes. 3. In the event of injury or illness, I hereby give my consent for medical treatment and permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.

Participant Signature _____

Parent/Guardian Signature (only if participant is a minor) _____