

Kiel Recreation Department

Tae Kwon Do/ Martial Arts Class

Please choose from the following options

_____ 1 time a week: Monday OR Thursday \$30.00/ 6 weeks (may alternate days)

_____ 2 times a week: Monday AND Thursday \$50.00/ 6 weeks

Held at the Kiel Community Center- lower level

5:00 p.m. to 6:00p.m.

Nov. 11th thru Dec. 23rd with no classes on Nov. 28th or Dec. 2nd, 5th, or 26th

Uniforms are not required

(please return this portion with your payment)

Kiel Recreation Department

Tae Kwon Do

Name: _____

Age: _____

Address: _____

City: _____

Home Phone: _____

Cell Phone: _____

In consideration of mine or my child’s participation in this program, I do hereby for myself, and my heirs, personal representatives, and assigns, waive and relinquish any and all claims and rights for damages I may have against any and all other participants, the City of Kiel, the Kiel Schools, and/or their assigns and representatives for any and all injuries my child may suffer or sustain while participating in this program.

Date: _____ Parent/Guardian Signature: _____

Email: _____

**Registration for this class is not guaranteed until full payment is received
Please send your payment of \$30.00 or \$50.00 made payable to the Kiel Rec. Dept. and this
registration form to: Kiel Community Center, 510 3rd Street Kiel, WI 53042
(920 -894-7861)**

Media Release

The City of Kiel has my permission to use my or my child’s photograph or video publicly to promote the City of Kiel. I understand that the images may be used in print publications, online publications, presentations, websites and social media. I also understand that no royalty fee or other compensation shall become payable to me by reason of such use.

Signature of self, parent or legal guardian _____

Date: _____