

Kiel Recreation Department
Tai Chi Class
Monday and Fridays Kiel Community Center Lower Level
September 9th to November 11th
9 am to 9:45 am
Cost is \$ 28.00

(return this portion with your payment)

Kiel Recreation Department
Tai Chi Class
September 9th to November 11th

Name: _____

Age: _____

Address: _____

City: _____

Home Phone: _____

Cell Phone: _____

In consideration of my 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: _____

Registration for this class is not guaranteed until full payment is received
Please send your payment of \$ 28.00 made payable to the Kiel Rec. Dept. and this registration form to:

**Kiel Community Center
510 3rd Street
Kiel, WI 53042
(920 -894-7861)**