

Kiel Recreation Department  
Tae Kwon Do Class  
June 7<sup>th</sup> to July 12<sup>th</sup>  
6 Week Session  
Held at the Kiel Community Center- lower level  
5:00 p.m. to 6:00p.m.  
Cost is \$30.00 for 6 weeks  
Uniforms are not required

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(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 made payable to the Kiel Rec. Dept. and this registration form to: Kiel Community Center, 510 3<sup>rd</sup> 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: \_\_\_\_\_