

Kiel Recreation Department
Tae Kwon Do Class
April 29th, May 6th, 13th, 20th, June 3rd, and June 10th
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

(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 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: _____