

REGISTRATION (TK-8)

Tang Soo Do Karate Institute

2260 Main Street Suite 9

Chula Vista, CA 91911

619.948.8130

mastrlarry@aol.com

Session Dates: Mar. 14, 21; Apr. 4, 11, 18, 25; May 2, 9, 16, 23, 30; June 6, 13

Session Time: 12-2pm



Student 1 Name:	Grade:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate
Student 2 Name:	Grade:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate
Student 3 Name:	Grade:	<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate

Parent/Guardian Name(s):
Phone:
Email:
Emergency Contact Name (If parent is unavailable):
Emergency Contact Phone:

Release Authorization The undersigned states the student(s) is/are in good health or has medical approval to engage in the training of TANG SOO DO KARATE. The undersigned understands that practicing martial arts involves some physical contact between students and instructors and that there can be a remote possibility of injury. He/she clearly assumes all risk and understands that he/she cannot hold the above named Institute, instructors or students liable for any injury or loss that students may sustain while practicing or learning this activity. The undersigned shall indemnify and save harmless the Tang Soo Do Karate Institute, it's agents, instructors, servants, and employees, against any injury, damages, or expense which they or any of them may incur.

_____ Parent/Legal Guardian Signature

_____ Parent/Legal Guardian Printed Name

SEE REVERSE FOR PAYMENT INSTRUCTIONS

PAYMENT OPTIONS

Program Cost: \$175 per student

Choose from one of the following payment options:

Free Scholarship: My family meets the free/reduced qualification, and UDA can verify this

Check: Payable to Tang Soo Do Karate Institute
(Include student name on the bottom of check and attach to this form)

Paypal account: Mastrlarry@aol.com
(Include student name with the electronic transaction)

Credit Card: Visa or Mastercard

----- Exp. __/__

Name of Credit Card Holder: _____

Cash: Place in envelope with student name and attach to this form



*Return this form and payment (when applicable)
to the office at UDA*