

Event: Taekwondo Open House

Where: Riverview Gym

When: Monday, September 19, 2022

Time: 7 pm – 8 pm

Come join, both returning and new students, for our open house fun. See you there!

## Taekwondo teaches life skills for all ages!

Anyone can be a part of our team. Learn things like self-esteem, confidence, and improve physical conditioning. Taekwondo can help your child make better decisions and learn how to get along with others through teamwork and group activities.

My name is Tom Murray and we have been bringing the art of Taekwondo, self-defense, to the students of Riverview and G.R.O.W. programs for many years. Our program is taught in the Riverview gym each Monday 7 pm - 8 pm.

Please fill out the attached application and return via email to [thomas.murray3@comcast.net](mailto:thomas.murray3@comcast.net) or US mail to Karate for Kids, P.O. Box 381, South Yarmouth, MA, 02664 by September 23rd. Lessons are \$20 per class and, as all outside Riverview classes, we will bill parents periodically at the address you provide on the student application. We require our official uniform that we have available for \$45, if the student does not already have one (must be official uniform).

Please feel free to contact me, if you have any questions, at 508-398-0418.

# Taekwondo Club of Cape Cod

## Students Application

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Weight: \_\_\_\_\_ lbs Height: \_\_\_\_\_ School \_\_\_\_\_

Parents Full Names: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Party Responsible for Billing: \_\_\_\_\_ Email: \_\_\_\_\_

Address of Responsible Party: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Occupation: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Dad's office \_\_\_\_\_

Mom's office \_\_\_\_\_ Other \_\_\_\_\_

Does your child have any allergies ( ) Yes ( ) No If yes, what \_\_\_\_\_

Does your child have or have they ever had any physical injuries or limitations? ( ) Yes ( ) No

If yes, please list: \_\_\_\_\_

What was the date of your child's last physical check-up? \_\_\_\_/\_\_\_\_/\_\_\_\_

Is there any other medical information about your child that we should know? ( ) Yes ( ) No

If Yes, please explain: \_\_\_\_\_

### Hold Harmless Agreement

I, the undersigned, do hereby agree to waive claims against any person or organizations connected with Taekwondo Club of Cape Cod llc, It's instructors and representatives for any injuries I/my child may sustain and likewise assume full responsibility for my actions in connection with Taekwondo. I fully realize this is a Taekwondo club and any activity sponsored by the club might have unforeseen potential for injury, accidents, illness or misadventure which may come to me/him/her, for which I accept full responsibility for myself/child, both in my/his/her actions or in any injury, accident, illness or misadventure which may come to me/him/her.

I accept and understand the risk of any martial art and shall hold this Taekwondo Club, It's instructors and representatives harmless from any claim, injury or liability.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Signature (Required) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_