



Tae Kwon Do Sign Up



Who: Grades 4 and up

When: Mondays and Wednesdays beginning Nov 26-Dec 19th

Time: 5:30-6:30 PM

Location: The Recreation Center, located in the basement of The Town Hall

Cost: FREE

Student Name: _____ Age: _____ Grade: _____

Parents Name: _____ Phone # _____

Emergency Contact: _____ Phone # _____

Should my child require emergency medical care at any time during the recreation department trips/programs/events and /or activities, and if I am unable to be reached, I give the recreation department staff and/or chaperones permission to act on my behalf (en loco parentis) regarding medical and surgical emergencies for my son or daughter, named and signed below. I understand I am responsible for any expenses incurred as a result of medical treatment.

Medical Insurance Company _____

ID # _____ Group# _____

Please indicate any special health considerations (Allergies, Medications, Health Conditions, etc.)

I have read and understand this form and will abide by the information pertaining to student participation in Bolton Recreation Department activities. I understand the assumption of risk in regard to the possibility of injury due to the nature of activity associated with the events/trips/activities offered by the Recreation Department, and I fully release the above information contained in the medical release.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature: _____

Date: _____