



Dear Nativity of our Lord School Parents:

This form is intended to serve as a permission slip for your child to participate in the Indomitable Spirit Tae Kwon Do program at Nativity of our Lord every Friday on the following dates starting: Session 3: Jan. 5, 12, 19 & 26 ~ Feb. 2, 9 & 23 Cost: (\$90.00)  
Pre-order Dobak (full uniform w/ belt) \$35 –paid and ordered before start of class  
\$45 – paid and ordered after class starts

Height: \_\_\_\_\_ ft. Weight \_\_\_\_\_ lbs.

Taekwondo classes will be held in the Large Motor room immediately after school. Students must be picked up promptly at 3:45 p.m. **Please check one for students K-3<sup>rd</sup>, after class my child is going to: \_\_\_\_\_ NELC \_\_\_\_\_ pick up at plaza**

by: Name \_\_\_\_\_

**Please sign and return this permission slip ASAP to insure a space in the taekwondo program. If you have any questions please email me at agnes@istkd.com or Joe@istkd.com (Payments are non- refundable once class started)**

I \_\_\_\_\_ grant permission for \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_  
(Parent/Guardian's name – please print) (Child's Name – please print)

To participate in the Taekwondo program at Nativity of our Lord Catholic School. By signing this permission form, I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul-Mpls. along with Spirit Taekwondo of any claims or lawsuits brought against the parish/school, the Archdiocese of St. Paul-Mpls. and Spirit Taekwondo, by me, my child or any other entities, that arises out of any behavior by my child at the event/activity described above.

---

I have instructed my child as follows:

1. Be respectful of others in the class.
2. Be respectful and follow the directions of instructor.
3. Have FUN!

Please lists any allergies your child have: \_\_\_\_\_

Is he/she has asthma? Does he have inhaler if needed? \_\_\_ Yes \_\_\_ No

**As parent/guardian, I agree to all of the above state considerations and conditions.**

Parents Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Cellphone number: \_\_\_\_\_

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

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact \_\_\_\_\_ Phone number: \_\_\_\_\_

