



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 at the Large Motor Room. Classes starts January 11, 2019. All registrations required an ACH payment set-up. **A voided check is needed upon registration and a 30-day notice must be given to discontinue class by the beginning of the month.** A \$55 Monthly payment will be automatically debited from your account on the 1<sup>st</sup> of each month, starting on the registration date.

Dobak order (uniform) \$45 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: \_\_\_\_\_

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

I, \_\_\_\_\_ grant permission for \_\_\_\_\_ Grade \_\_\_\_ Room \_\_\_\_

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:

\* Be respectful to others and follow the directions of instructor.

\* 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: \_\_\_\_\_

