



Bartlett Recreation Department

P.O. Box 363

Bartlett, NH 03812

603-374-1952

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E-mail: recbartlett@hotmail.com

www.bartlettnh.org

TAE-KWON DO CLASS

Name: _____ Age: _____ Grade: _____ Teacher: _____

Address: _____ Phone: _____

Person to contact in case of emergency: _____ Phone: _____

Person to contact in case of emergency: _____ Phone: _____

List medical conditions and/or allergies/concerns: _____

Saturdays, March 1 to April 5

Kindergarten to Adult 9AM

Grades \$35.00 for 6 weeks **NO REFUNDS**

Checks payable to Bartlett Recreation Department

Parent/Guardian Consent:

I hereby give permission for _____ to participate in Tae Kwon-Do.

(child's name)

Bartlett Recreation Department, including its affiliated organizations, sponsors, employees and personnel, assumes no financial liability for any accident or injury to the participant, which may occur as a result of participating in Tae Kwon-Do.

In addition, I hereby give permission for emergency medical care by a certified professional. This care is given under whatever conditions are necessary to preserve life, limb, or well-being of my child/dependent.

Signature parent/guardian: _____ Date: _____

Please return this completed registration form to the Bartlett Recreation Department.

*Supervision is neither provided at the school after a class has ended nor while waiting for a later class.

Updated Jan. 2008