



SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT

SOO BAHK DO (Korean Karate)



ON - LINE REGISTRATION NOW AVAILABLE! at www.Spotsylvania.va.us/parksandrec

REGISTRATION FORM

PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT.

Participant's Name \_\_\_\_\_

Complete Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Age (if under 18) \_\_\_\_\_ Birthdate (if under 18) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_

\*\*A birth certificate must accompany this form if not already on file (for children under 18 yrs).

Does the participant have any medical conditions, injuries or allergies the instructor should be aware of? Yes or No \_\_\_\_\_ If yes, describe: \_\_\_\_\_

Class Choice:

Session Dates \_\_\_\_\_

Class Level (ex: Beginner) \_\_\_\_\_ Activity # (ex: 11101-01) \_\_\_\_\_

Day(s) (ex. Mon/Wed) \_\_\_\_\_ Time \_\_\_\_\_

Fee Paid \_\_\_\_\_ Is there a family member registering for this session? Yes No

If so, please list name of family member(s) \_\_\_\_\_

Release of Claims (Parent or Guardian must sign for those under age 18): I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, and Spotsylvania County school authorities, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in the Soo Bahk Do (Korean Karate) Program. I understand that if I withdraw from the program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Checks should be made payable to "Treasurer, Spotsylvania County."

Office Use Only: Class fee: \_\_\_\_\_ Discount: \_\_\_\_\_ Total Paid: \_\_\_\_\_