



# Pike Taekwondo Club

Hosted by **Indianapolis Martial Arts Academy**

6221 Coffman Rd, 46268 317-662-4750

[www.pikeTKDclub.IndyMartialArts.com](http://www.pikeTKDclub.IndyMartialArts.com)

[IndyMartialArts13@gmail.com](mailto:IndyMartialArts13@gmail.com)

Open to all 3<sup>rd</sup> – 12<sup>th</sup> grade students in Pike Township!

Wednesdays 6:00 – 7:00 p.m.

Feb 5 – May 6

Registration open through Feb 5, 2019

**Registration fee: \$125**

Registration fee includes classes, belt, promotion expenses, and either a uniform or a sparring helmet and mouthpiece

*\*Due to the structure of the classes, we cannot accept new applicants after the fourth class of the session.*

## To register:

Print a registration form found at [www.pikeTKDclub.IndyMartialArts.com](http://www.pikeTKDclub.IndyMartialArts.com)

**OR**

Use the registration form on the back of this flyer

Complete a registration form and submit payment at your first class or mail it in advance to Pike TKD Club, 6221 Coffman Rd., Indianapolis, IN 46268

- ✚ Increase focus and concentration in school
- ✚ Improve self-esteem and confidence
- ✚ Instill positive life skills such as courtesy, perseverance, and self-control
- ✚ Great cross-training for other sports

***NO PREVIOUS MARTIAL ARTS EXPERIENCE NECESSARY!***

*"Except for review to ensure compliance of these materials with the policies of the Board of Education of the Metropolitan School District of Pike Township, Marion County, Indiana (the "District"), the views expressed in these materials as well as any programs, activities or events which may be described herein have not been sponsored, endorsed, approved or otherwise reviewed by the District, the Superintendent of the District (the "Superintendent") or any other personnel of the District (collectively, "Personnel"). Furthermore, the District, the Superintendent and the Personnel are not responsible for the content of these materials, and have no responsibility for administering or supervising any of the programs, activities or events which may be described herein."*

# Pike TKD Club

Enrollment form (one per student, please)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Parent email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone \_\_\_\_\_

## Registration Fee: \$125

(Includes classes, belt, promotion expenses, uniform or sparring helmet and mouthpiece)

**Please make checks payable to Pike Taekwondo Club**

## RELEASE OF LIABILITY

### READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Tae Kwon Do organized by Indianapolis Martial Arts Academy ("IMAA") or Pike Taekwondo Club ("PTC") of 6221 Coffman Rd. Indianapolis, IN 46268 and/or use of the property, facilities and services of IMAA or PTC, I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given my IMAA, PTC, or the employees, representatives, or agents of IMAA and PTC.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge IMAA and PTC for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of IMAA and PTC, whether caused by the fault of myself, my family, IMAA, PTC or other third parties.
3. I agree to indemnify and defend IMAA and PTC against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of IMAA and PTC.
4. I agree to pay for all damages to the facilities of IMAA or PTC caused by my or my family's negligent, reckless, or willful actions.
5. Any legal or equitable claim that may arise from participation in the above shall be resolved under Indiana law.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

**X** \_\_\_\_\_ / / \_\_\_\_\_

Signature of parent/guardian

Date

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Printed name