



USTMA KIDZ FUN NIGHT REGISTRATION FORM  
(One form per family)

Child's name: \_\_\_\_\_ Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_ Child's name: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

Date Attending: (circle one) August 25th, September 22nd, October 20th, November 17th, December 15th

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Authorized to Pick Up: \_\_\_\_\_ Phone: \_\_\_\_\_

**Make Checks Payable to Panthers PTO**

*Please NO CASH!*

1 Child \$20

2 or more Children \$35 (total)

I give permission for my child/children to participate in the Kidz Fun Night at U.S. Taekwondo Martial Arts Academy, to include games, board breaking, and other martial arts related activities; and agree to waive all claims against the USTMA, its instructors or members, for any injuries sustained while practicing or working out in the school or as a result of using the learned skills outside of the classroom. I also agree to waive all claims against the Panthers PTO and Clarke County Schools.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

U.S. Taekwondo Martial Arts Academy  
850 W. Main St. Berryville, VA 22611 | (540) 955-0055

**Return Forms and Payment to DG Cooley**  
**Attention: Panthers PTO**

These materials are neither sponsored nor endorsed by the School Board of Clarke County, the Superintendent or this School.