



Child's name: _____ Child's name: _____

Child's name: _____ Child's name: _____

Allergies or Medical Conditions: _____

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 and 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

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