

**VIRTUAL**

# Tae Kwon Do

This virtual class will teach Martial Arts, which instills discipline, focus, endurance, and flexibility. In this class Master Tom Malone will teach self-defense skills such as kicks, punches, and strikes to youth ages 5 and older. A link to the Zoom Virtual Classroom will be emailed to participants. *Registration deadline is one week prior to the session.*



**Time:** 6-6:45 p.m.

**211002-D:** Tuesdays, September 29-November 3

**Fee:** \$69 Residents of New Hope, Crystal, Golden Valley and Robbinsdale  
\$76 Nonresidents

**Register with:** New Hope Parks and Recreation  
4401 Xylon Ave N  
New Hope, MN 55428  
763-531-5151

**Online Registration...** Go to [webtrac.nhrecexpress.com](http://webtrac.nhrecexpress.com)

Refunds, program credits and transfers are allowed up to one week before the start of the program. In the event of an illness or injury, refunds may be given after the deadline. A doctor's written verification is required. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Phone registrations accepted with a major credit card.

## Tae Kwon Do (Zoom Virtual Classroom)—Fall 2020

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Special Needs? \_\_\_\_\_  
Email Address \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
Activity/Course \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the event to be used by the city in promotional materials.

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

Am Ex/Discover/MC/Visa # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_