



RICHARD E. WORKMAN
Sports & Wellness
Complex



Taekwondo Registration

Participant Name _____ Age _____ **Male / Female**

Parent/Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

I _____ (Parent/Guardian) have enrolled _____ (Child's Name) in a program of strenuous physical activity, offered by The Workman Sports & Wellness Complex (WSWC). I hereby affirm that I am or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this program. In consideration of myself, my heirs and assigns, hereby release by the WSWC from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release the WSWC, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at the WSWC or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by the WSWC, for any reason. I agree that my or my child's picture or likeness can be represented and published in any by the WSWC. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature of Parent/ Guardian: _____ Date: _____

Semester: January 10th – April 15th , 2020

Classes run: 6:15pm-7:45pm on Wednesday & Friday

Individual Returning (Member): \$140

New Individual (Member): \$210

Individual Returning (Non-Member): \$170

New Individual (Non-Member): \$240

Family Returning (Member): \$350

New Family (Member): \$525

Family Returning (Non-Member): \$380

New Family (Non-Member): \$555

For Office Use Only: Payment Method: Cash _____ Check _____ Credit Card _____ Amount _____

Date Paid _____ Processed _____ Employee _____