



Date _____



CHOI KWANG-DO MARTIAL ARTS

ONE FORM PER CHILD PLEASE PRINT

Child's name: _____ M/F _____

Birthdate: _____ Age _____ 3K/4K _____ Returning Student yes ___ no ___

School attending _____

Parent or Guardian's Name: _____

Address: _____ City/State/Zip: _____

Home phone: _____ Cell/Work: _____

IMPORTANT! Parent E mail: _____

Allergies, medical information, dietary restrictions or other concerns (please send own snack.)

My child is covered by health/accident insurance Yes _____ No _____

Names of person(s) who may pick up this child other than parent/guardian:

Program fee: \$149 (\$129 if uniform already purchased, \$10 discount for siblings)

Free trial offered first class!

Price includes 10 Classes and Official CKD Uniform

Session 2 Nov. 29 – Feb. 14

Pick-up from Weekday is available with signed permission form.

TOTAL AMOUNT ENCLOSED \$ _____ Check Made Payable to MFUMC

This is to certify that my permission is granted for my child to participate in organized sponsored activities whether on the church campus or away. Therefore, I acknowledge unless gross negligence is involved, Choi Kwang-Do owners, staff, instructors, and First United Methodist Church or First United Methodist Church employees cannot be held responsible for medical or hospital costs resulting from injuries that might occur by participating in First United Methodist Church program sponsored activities, or in transportation to or from the place where the activities are conducted. Children must be insured to participate in Marietta First United Methodist Church Programs.

I have read or have had read to me the foregoing in its entirety and by placing my signature below do declare that I understand that any cost or injury resulting from participation in church sponsored activities is my responsibility.

I give permission for my child's photograph or video image to be used on promotional or informational materials, press media, and possible publication on the World Wide Web through the church's web page for positive public relation purposes. Yes _____ No _____

Parent/Guardian signature: _____ Date: _____



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