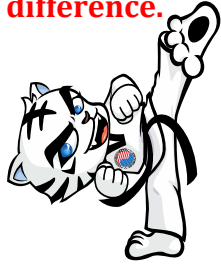


Together we can  
make  
a difference.



# J.Tiger Martial Arts Taekwondo

6627 Dublin Center Dr.  
Dublin, OH 43017  
614-553-7765

## Birthday Party Registration Form

Date of Party: \_\_\_\_\_ Time: \_\_\_\_\_ Number of Guests: \_\_\_\_\_ Ages: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age Child is Turning: \_\_\_\_\_ M/F

Parent's Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Special Notes: \_\_\_\_\_

### Party Information:

- Fee : \$ 169.00 members , \$ 219.00 Non- members
- Birthday Child Please wear the uniform and arrive 30 minutes early.
- The party will host up to 15 children (\$5 for each additional Child.).
- The party will last for 90 minutes and are scheduled on Saturday afternoons.
- Everyone 4&up will be able to join in.
- Games
- Taekwondo beginners class for all guests
- Board Breaking
- Please ask all guests to dress appropriately. (Please no skirts or really short shorts.)
- All participants must fill out the waiver when dropping off their child
- Parents will provide.  
( 4Table cover, Cake ,Drinks ,Food, you would like to do eat )
- Alcohol is not allowed

J.Tiger Martial Arts Taekwondo LLC, will not allow any child to participate in the party without the signed waiver form from the child's parent or legal guardian.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BIRTHDAY PARTY WAIVER & INSTRUCTION AGREEMENT

Must bring this form with you to be able to attend the Birthday Party

I agree to allow my minor child to participate in J. Tiger Martial Arts Birthday Party activities. As a parent/guardian of the below child(s), I hereby assume any and all risks involved in connection with the Birthday Party activities. I hereby release J. Tiger Martial Arts, their employees, agents, representatives and assigns other individual or entity association with the operation of said Birthday Party for any harm, injury, or damage that may occur to the below named child(s) as a result of his/her participation in Birthday Party, whether foreseen or unforeseen including any risks or danger created from or harm caused by any negligent act or omission of any of the below mentioned parties. On behalf of my child, I indemnify and hold harmless the above mentioned parties from any claim for damages or injuries on the part of said minor child or his/her heirs, executors, or administrators, and to reimburse any loss damages, or costs that any of the above may have to pay as a result of such claim or related litigation by said minor child or anyone on his/her behalf and I hereby release, waive and discharge any claim or cause of action that I may personally have as a result of any damage or injury or injury suffered by minor child(s).

I \_\_\_\_\_ on behalf of the below minor, hereby give permission to any licensed physician and/or hospital to provide emergency medical treatment which may be necessary due to any injury accident incurred while participating in the Birthday Party. I agree to be responsible for all costs related to such medical treatments.

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

Print Name \_\_\_\_\_

Minor Name \_\_\_\_\_ Age \_\_\_\_\_

Minor Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Are you interested in Taekwondo?  Yes  No

Received By \_\_\_\_\_ Date \_\_\_\_\_  
(Printed)

Signature \_\_\_\_\_