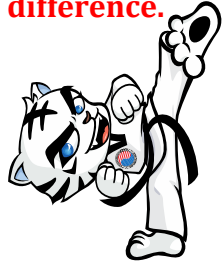


Together we can
make
a difference.



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 : \$ 189.00 members , \$ 239.00 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 _____