

Taekwondo comes to Chester

Master Kim's Kids after school Taekwondo classes with Master Justin!

Wednesdays January-30th,
February 6th, 13th, 20th, 27th,
March 6th

from 3:15-4:00 in the Chester Gym.

Open to Chester Students ONLY, Grades K-5.

\$40 per child (Cash or Check) for all 6 classes **at Chester** and a 7th Graduation Ceremony at the Valley Jung Kim's Martial Arts Academy facility on March 8th @ 5:30.

14401 E. Sprague Ave, Spokane Valley, WA 99216

Beginning and **Intermediate** instruction is going to be offered for those who are new to Taekwondo and those who have taken the 3rd Grade program or after school programs in previous years.

*Fill out and return the liability waiver (the attached form) to Mr. Hubble by the first class.

Make Checks Payable to Chester PTA
All Funds Donated Stay At Chester!

Thank you for helping the Chester PTA, and Chester Teachers & Students with Technology and Equipment!

Permission Slip on the next page, please fill out and return before attending first class, feel free to participate even if a class or two will be missed.

Please keep this page as a reminder of this super fun event!

Turn in this Page to Mr. Hubble

Permission Slip for Taekwondo:

Student Name _____

Grade _____ Teacher _____

Work # _____ Home # _____

Cell # _____

If I cannot be reached, please contact;

_____ phone # _____

Parent Signature: _____

(Indicates permission to attend the class)

In case of emergency, I give permission for my child to receive treatment by a physician at a hospital designated by a school official, except as noted below.

Also, please list any **medications** to which your child is allergic:

Make sure you sign the liability release form below

& remember to pick up your child at 4:00 at the front doors of Chester Elementary after each class!

Scholarships are available, place on form if you need one and/or contact Mike Hubble mhubble@cvsd.org

By signing below, I, am aware that participating in a physical activity such as Taekwondo, a potentially hazardous activity, and that I, (or my child, if I am signing as parent or guardian) should not so participate unless physically able. I verify that I am (or my child is) medically fit to participate. I (and my child, if I am signing as parent or guardian) assume all risks associated with participation in the activity, including but not limited to, falls, incidental contact with other participants, strained muscles, over-exertion, etc., all such risks being known and appreciated. In consideration of acceptance of the participation fee, and intending to be legally bound, I (and my child, if I am signing as parent or guardian) and anyone entitled to act on my (or our) behalf(s), assume all risks associated with participation, and waive any and all claims whatsoever against, and fully release the Chester PTA, Central Valley School District, the instructor, event volunteers, sponsors (if any), and/or their representatives and successors (collectively, the "Released Parties"), from all claims, damages, or liability of any kind arising from my (or my child's) participation in this event, including without limitation any injury that may occur during the activity. I grant full permission to any and all of the foregoing to use my (and my child's) name, or photographs, videotapes, or other recordings of participation in this event, without obligation or liability to me (and my child). I also understand that participation fees are not refundable. I have read this agreement carefully, understand it, and certify my agreement by my signature below. By signing below, I (or my child, if I am signing as a parent or guardian) agree to hold the Released Parties harmless from any liability or injury resulting from participation in the activity.

Print Guardian name: _____

Sign Guardian name: _____

Date: _____