



Tiger Rock Martial Arts of Spotsylvania

Program Description: Tae Kwon Do (foot-hand-art) is a martial art famous in Hollywood movies for its fast, high and spinning kicks. Tae Kwon Do is also one of the most effective methods of unarmed self-defense, an intricate art, an exciting life sport, and a superior method of maintaining physical and mental fitness. Through this honest and pure art form, students identify their strengths and shortcomings; and mature as responsible people. Tiger-Rock Tae Kwon Do focuses on the components of the martial art that increase fitness, artistic precision, and self-empowerment. The curriculum consists of self-defense techniques, forms, free sparring, board breaking, and competition. All are welcome, and students start off within their personal athletic ability and progress at their own rate. Please visit www.tigerrockmartialarts.com for more information on the organization.

Levels:

Beginner Tae Kwon Do (White-Yellow Belts) (Ages 6 & Up) Wednesdays 6:15 pm – 7:00 pm *Activity # 462201-19*

The purpose of youth Tae Kwon Do skills training is to provide a platform for achievement through competition, rank, and leadership accomplishments. Youth Taekwondo will develop skills which result in confidence, discipline, focus, coordination, and social competency.

Int./Adv. Tae Kwon Do (Green Belts & Above) (Ages 6 & Up) Wednesdays 7:15 pm – 8:00 pm *Activity # 462201-20*

The purpose of the adult Tae Kwon Do skills training class is to offer a contemporary martial arts experience focused on sports, competition, artistic expression and defense.

Instructor: Classes will be led by **Sean Ryan**, a 2nd degree black belt and Certified Tae Kwon Do Trainer.

Location: Marshall Center Main Lounge

Class Dates: Wednesdays September 2 – 23, 2020

Registration Fee: \$35 Resident/ \$45 Non-Resident *(Please see instructor for uniform purchase information)*

Registration Begins: August 10, 2020 **Deadline: August 28, 2020**

To register, complete the registration form and return it, along with the fee, to the Parks and Recreation Department located at Loriella Park. Birth certificate is required at time of registration if not already on file. \$50 return check fee. \$10 Late fee applied to all registrations after deadline.

Register online at www.spotsylvania.va.us/parksandrec. A Household waiver needs to be completed and on file at the Parks and Recreation office prior to registering online.

2.75% NON-REFUNDABLE CONVENIENCE FEE CHARGED ON ALL CREDIT/DEBIT CARD TRANSACTIONS.

WITHDRAWALS: Those wishing to withdraw from the class must do so by contacting the Spotsylvania Parks and Recreation Department by August 28, 2020. Individuals should follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. There will be no refunds given to those who withdraw from the class after August 28, 2020.

Directions to the Marshall Center:

Class will be held at the Marshall Center Building, 8800 Courthouse Road. Take Route 208 toward Spotsylvania Courthouse to Courthouse bypass. Turn left at the first traffic light on the bypass toward Rt. 208 Business. You will reach a traffic light at the end of the road (Chewing's Grocery will be on your right.) Turn left onto Courthouse Road and follow for approx. ¾ mile to the Marshall Center on your right. Turn right into the parking lot.

SPOTSYLVANIA PARKS AND RECREATION DEPARTMENT
P.O. Box 28 Spotsylvania, Virginia 22553 (540) 507-PLAY (7529)

www.spotsylvania.va.us/parksandrec
Leisure Activity/Class Registration Form

Please Print Legible-

First _____ MI _____ Last _____ Boy _____ Girl _____

Complete Address _____

City _____ Zip _____

Is this a new address or phone number? _____ Email Address _____

Primary # _____ Secondary Contact # _____ Alternate # _____

Age (where applicable) _____ Birth Date _____

Birth Certificate is (circle one): On File Enclosed (A birth certificate must accompany this form if not already on file.)

Shirt Size (if applicable) (circle one): Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34-36) Adult Medium (38-40) Adult Large (42-44) Adult XLarge (46-48)

Medical conditions, injuries or allergies: _____

Emergency Contact: _____ Phone _____

Class/Activity Name _____

Class/Activity Date (s) _____ Activity Number _____

Fee \$ _____ (Add \$10 if registering after the deadline date stated on front page of form)
(\$50 Fee On All Returned Checks)

(2.75% Non-Refundable Convenience Fee Charged On ALL Credit/Debit Card Transactions)

Release of Claims: (Parent or Guardian must sign for those under age 18): I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County, and the officers, employees and agents thereof, and Spotsylvania County School authorities, from any and all claims or liability, including attorney's fees and costs for any personal injury or other damage suffered as a result of participating in a program. I understand that if I withdraw from the class/program, I must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline date stated on the front page of this form. I must follow up my verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. I understand that if I withdraw from the program for any reason after the registration deadline, no refund will be available. Failure to attend a class/program does not constitute a proper withdrawal, and the participant will not receive a refund.

Parent/Guardian Signature _____ Date: _____

Print Name _____

Checks payable to "Treasurer, Spotsylvania County". (\$50 Fee On All Returned Checks)

COVID-19 AGREEMENT (PLEASE READ CAREFULLY AND INITIAL):

Activities will resume under guidance from the Commonwealth of Virginia and Spotsylvania County officials. Please note that classes, programs, facility rentals, special events and sports may be delayed, postponed, or cancelled if at any time new guidance is issued at the state or local level regarding the COVID-19 virus. _____ (primary guardian initials)

I understand that the above listed participant will not be able to participate if they are experiencing any of the following: cough, shortness of breath, fever or chills, sore throat, muscle aches, headache, or new loss of smell or taste. _____ (primary guardian initials)