



Tiny Tigers

Soo Bahk Do Karate



Activity # 361306 – 43

The Tiny Tigers program is based on all of the philosophy and discipline of Soo Bahk Do, Korean Karate. The program meets younger children where they are and helps them develop coordination, attention span, discipline, and of course offers a fun outlet for energy.

The program progresses through 8 levels which encompass our 8 key concepts of courage, concentration, endurance, honesty, humility, control of power, speed control, and tension & relaxation. Tiny Tigers who complete the 8 levels are eligible to enter the regular Soo Bahk Do program as an 8th Gup (orange belt level).

Classes are taught by Marti Wilson, a 2nd degree black belt, and certified instructor by the Soo Bahk Do Moo Duk Kwan Federation.

Age: 4 – 6 years old

Class Dates: Tuesday/Thursdays, January 3 – 31, 2023 5:30 p.m. – 6:00 p.m.

Place: Marshall Center Lounge

Fee: \$50 County residents / \$60 Non-County residents



When to Register – Registration is accepted during a three (3) week period prior to each session, followed by one (1) week of late registration (space permitting). The registration deadline is the Friday one (1) week prior to each session start date. Late registration is accepted **NO LATER than 12:00 P.M., on Tuesday, the day of the program,** with a \$10 late fee, if space permits.

Registration Begins: December 5, 2022

Deadline: December 23, 2022



ON – LINE REGISTRATION AVAILABLE! At www.spotsylvania.va.us/parksandrec

(Household waiver must be completed and on file with the Parks & Recreation Department Office prior to registering on line.)

Requirements – Children must turn the specified age before the start of the program.

What to Wear -. Please wear comfortable clothing to first classes. Uniforms are available for purchase through instructor.

Registration - To register, complete the attached form and return it along with the fee to the Parks and Recreation Department. **We cannot register children under 18 years old until a birth certificate is submitted.** Class is filled on a first-come, first-served basis. Make checks payable to “Treasurer, Spotsylvania County.” There is a \$50 service charge on all returned checks.

You will NOT receive a phone call from the Parks and Recreation Department to confirm your class. Please remember to go to class. 2.75% Convenience Fee on all Debit/Credit cards.

Withdrawals - Those wishing to withdraw from the program must do so by contacting the Spotsylvania Parks and Recreation Department by the registration deadline (Friday one week prior to session start date). Individuals should follow up their verbal cancellation request with a written refund request. A 20% administrative fee will be charged on all refunds. Failure to attend the class does not constitute a proper withdrawal, and the participant will not receive a refund. No refunds will be issued to individuals who contact the department after the registration deadline.

Safety is Always Our Concern - If any safety rules are broken during the class, violators will be given one warning. If there is a second offense, you will be dismissed from the program.

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)