

Taekwondo Trial Class

Town of Branford Parks & Recreation Students On-site Trial Taekwondo Class Application

Trial Type (Please Circle on it) 3 Weeks Group Class / 3 Times Private Lesson

Parent's Full Name: _____

Child's Full Name: _____

Date of Birth (Child): ____/____/____

Phone Number: _____

Email Address: _____


Waiver (Extra 2 Attached Waiver Required)

I agree to waive any and all claims against persons connected with WCT Branford. This should also serve as permission to have your child transported and to receive any and all emergency health care attention needed if in case a situation does arise. As we are aware, very young children are prone to mishaps. Although we will give every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your specific permission to transport and have your child treated by a professional care giver/physician etc. WCT Branford reserves the right to remove any child from the program. This is for the safety and wellbeing of all students and staff.

Parents Signature: _____

Date: ____/____/____



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