

Summer 2009

# Tang Soo Do



This ancient form of martial art is known for having the most effective training methods for self-discipline, self-confidence, physical fitness, stress management and the ultimate form of self-defense techniques.

A Classic Korean Martial Art noted for its superior kicking style, Tang Soo Do literally means “The Way of the Chinese Hand”

**Instructor:** Elizabeth Jellison & Lisa Bruce

**Session dates:** July 1 to September 1 (start of school year)

**Ages:** 10 to Adult (No children under 10 for the summer)

**Days** Tuesday and Thursday

**Times:** 6 p.m. to 7 p.m.

**Location:** Ober Performance Room

**No class:** To be Announced by Instructor

**Fee (choose one):**

Punch card options (Punch cards expire 90 days from date of purchase)

4 X \$24     8 X \$48     12 X \$72

Single classes (drop-ins)

\$8 each class

**Required:** Workout clothes, running/gym shoes, sweat towel and water

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**Questions? Contact Us!**

(206) 463-9602 phone  
(206) 463-9614 fax

[www.vashonparkdistrict.org](http://www.vashonparkdistrict.org)

17130 Vashon Hwy SW  
P.O. Box 1608  
Vashon Island, WA 98070

Office Hours:  
8 a.m. to 4 p.m.,  
Monday thru Friday

**IMPORTANT!** Registration packets without required signatures, payment, and Reduced Fee or Payment Plan paperwork, if applicable, will NOT be accepted until all required documents are received.

**PLEASE SEE REVERSE FOR REGISTRATION FORM.**

Tang Soo Do  
Summer 2009—Registration form F3003



Please print clearly

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or guardian name: \_\_\_\_\_

Primary phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Home address if different from above: \_\_\_\_\_

E-mail: \_\_\_\_\_

(Emergency contacts are alternates to the parent/guardian. List at least ONE.)

Emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency back-up contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

I DO or  DO NOT have any medical conditions.

Please list all medical conditions: \_\_\_\_\_

Doctor name: \_\_\_\_\_ Doctor phone: \_\_\_\_\_

Location: \_\_\_\_\_

How did you hear about this program?  Newspaper  Website  Mass email  Poster

School registration packet  Word of mouth  Billboard  Repeat session  Other

Yes! I would like to apply for a Reduced Fee Award. Applications are available upon request in the VPD office. Proof of household income is required with each application.

Yes! I want to donate VPD's Reduced Fee Awards Fund. Amount: \_\_\_\_\_ Thank you!

Vashon Park District Refunds & Cancellations: Refunds will be issued only if requested no fewer than 7 business days prior to program start date OR in the event of documented medical reason or significant family emergency. ALL refunds will be assessed a \$25 processing fee.

Disclaimer: In consideration of the Vashon Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, the Vashon School District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.

PARTICIPANT WAIVER AND RELEASE

In consideration of the Vashon Park District allowing my child's participation in Vashon Youth Baseball and Softball, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, Vashon Youth Baseball and Softball, Vashon Island School District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, Vashon Youth Baseball and Softball, Vashon Island School District, their commissioners, employees or agents.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian/Participant if 18+ years old signature)

Please print name \_\_\_\_\_

**Mail completed form to:** VASHON PARK DISTRICT, P.O. BOX 1608 Vashon, WA 98070  
VPD also has a secure drop box beside the north entrance door facing the parking lot or online registration at [www.vashonparkdistrict.org](http://www.vashonparkdistrict.org).