



**Bartlett Recreation Department**  
**PO Box 363**  
**Bartlett, NH 03812**  
**Phone: (603)374-1952 Fax: (603)374-1941**  
**Email: bartlettrec@gmail.com**  
**Web Page: bartlettrec.org**  
**Facebook: Bartlett Rec Bara**

**2022-2023**  
**TAE-KWON DO CLASS**  
**With Ryan Murphy**  
**Wednesdays 5:30**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

EMAIL  
ADDRESS \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

List medical conditions and/or  
allergies/concerns: \_\_\_\_\_

**Suggested donation of \$40 to Bartlett Rec.**  
**Checks payable to Bartlett Recreation Department**

**Parent/Guardian Consent:**

I hereby give permission for \_\_\_\_\_  
(Child's name) \_\_\_\_\_ to participate in Tae Kwon-Do.

Bartlett Recreation Department, including its affiliated organizations, sponsors, employees and personnel, assumes no financial liability for any accident or injury to the participant, which may occur as a result of participating in Tae Kwon-Do. In addition, I hereby give permission for emergency medical care by a certified professional. This care is given under whatever conditions are necessary to preserve life, limb, or well-being of my child/dependent. I also agree to pictures or video that may or may not occur during this program.

Signature parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed registration form and suggested donation to the Bartlett Recreation Department.