



**Bartlett Athletic & Recreation Association
Bartlett Recreation Department**

PO Box 363

Bartlett, NH 03812

Phone: (603)374-1952 Fax: (603)374-1941

Email: bartlettrec@gmail.com

Website: bartlettrec.org

Facebook: Bartlett Rec Bara

Instagram: bartlettrecbara

Twitter: bartlettrecbara

TAE-KWON DO 2023/2024

with Ryan Murphy

Wednesdays 5:30-6:30

Name: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____

Mailing Address: _____

Phone Number: _____

E-Mail: _____

Allergies and /or medical conditions: _____

Person to contact in case of emergency: _____ Phone: _____

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

Parent/Guardian Consent:

I hereby give permission for _____ to participate in Tae-Kwon Do
Child's Name

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 participation in Tae-Kwon Do. I hereby give my permission for emergency medical care by a certified professional. This care may be given under whatever conditions are necessary for the life, limbs or wellbeing of my child/ dependent. I also agree that occasional photos may be taken of my child while participating in this program.

Signature of Parent/Guardian: _____ Date: _____