



# **Yong In Aurora Martial Arts School**

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yonginaurora.com

**Yong In Aurora Martial Arts** is offering an **introduction to Tae Kwon Do class** to students of Aurora and Naperville Montessori, and Tutor Time. There are many benefits to children practicing martial arts including improved focusing, listening, teamwork, positive social interaction, self-control, good decision making, balance, posture, memorization, respect, self-esteem, self-discipline, self-defense, responsibility, physical fitness, coordination, motor skills ... the list goes on!

Please complete the information below if you'd like to register your child for this class. **Registration fee is \$40 and includes the belt and a t-shirt.** Checks and Quick Pay Zelle are accepted. Zelle information will be under Myosun Inc: 630-286-0521 or email : yjh5208@gmail.com. Please make checks payable to Yong In Aurora Martial Arts.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Parents of all Participants must Sign

I agree that as my son or daughter participates in the Tae Kwon Do class at Aurora Montessori School, he/she does so at his/her own risk. I agree that he/she is voluntarily participating in this class and using class facilities or premises, and assume all risks of injury, illness, death, damage or loss to him/her or his/ her property that might result, including without limitation and loss or theft of property. I hereby consent for my child to receive medical treatment in the event of injury, accident and /or illness during the class. I agree on behalf of myself and my child (and my personal representatives, heirs, executors, administrators, and agents) to release and discharge Aurora Montessori School, and Yong In Aurora Martial Arts, whose property and or personnel are used, and any other companies or individuals related to this class, along with respective agents, servants, volunteers, employees, insurers, and assigns, from any and all claims or causes of action for personal injury or wrongful death, whether known or unknown. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a release of liability, and by signing below, I am waiving any and all rights to bring legal action against any and all of the above named parties as a result of my child's participation in this class.

\_\_\_\_\_ Parent's Signature \_\_\_\_\_ Date