



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# LEARN DISCIPLINE, BUILD CHARACTER

## Beginners Martial Arts

Summer II– July 11– August 17

Fall I– August 29– October 5

Fall II– October 10– November 21

**\$35 for YMCA Members  
\$50 Non-Members**



**6-week sessions  
Tuesdays & Thursdays  
6:30 pm– 7:30 pm  
Kids Program  
Ages 7 & up**

YMCA of Lenawee County  
638 West Maumee Street  
Adrian, MI 49221  
517-263-2151  
[www.ymcaoflenawee.org](http://www.ymcaoflenawee.org)

# MARTIAL ARTS– TAE KWON DO BLACK DRAGONS DEN

Age Group: Youth    Adult    Sex: Female    Male    Membership: Member    Non-Member  
Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Session (circle):    Summer I I    Fall I    Fall II (no class Oct 31)

## *Medical Release Consent Form*

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Parent's Signature: \_\_\_\_\_ (Father/Mother/Legal Guardian) Date: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other contact in case of emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone & Cellular: \_\_\_\_\_

The YMCA Youth Sports program has been developed for children and their families. The program emphasizes wholesome competition, mastering of sports skills, development of fitness, socialization and inclusion. Values such as sportsmanship, fair play, and character development will be the major components of each sports programs. The underlying foundation for YMCA Youth Sports is "Everyone plays, everyone wins."

I hereby release the YMCA of Lenawee County, and any associated persons or employees from any claims for any injuries, personal losses, or damage done to personal property while on the premises of either the YMCA of Lenawee or properties associated with specific programs of this organization. I further agree to indemnify and save harmless the YMCA of Lenawee County from any claims or demands arising out of any such injuries or losses.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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