

Little Tigers

Children ages 3-5 will learn basic self-defense and martial arts skills while working on developing coordination and flexibility. Basic kicks and punches are taught through a variety of exercises and fun games. This program promotes focus, discipline and respect. Instructor: Master Tom Malone. *Registration deadline is one week prior to each session.*

Spring Session : Tuesdays, April 17-May 22

Summer Session: Tuesdays, June 26-August 7

Time: 10:00-10:30 am

Location: New Hope Ice Arena, 4949 Louisiana Ave. N

Fee: \$49 Residents of New Hope, Crystal and Robbinsdale
\$56 for Nonresidents



FYI: For more information or to register using a major credit card, you can call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. You can also Fax completed form to 763-537-7344. Or mail/drop off with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422.

Also please note that the City of Robbinsdale provides inclusion services for residents with disabilities. For the purpose of making arrangements for reasonable accommodations which may require extra staff, auxiliary aids and/or program adaptations, please make sure to inform us of your request when registering. A minimum of 2 weeks notification is requested.

Refunds, program credits or transfers are allowed up to one week prior to start of the program. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account or to process the payment as a check

Little Tigers Registration & Waiver Form

Please print clearly. Make checks payable to City of Robbinsdale; 4100 Lakeview Avenue No., Robbinsdale, MN 55422

Youth's Name _____ Birthdate: _____ Age: _____

Circle Session you wish to register for: Spring Summer

Contact's Name: _____ Phone (H) _____ (W or cell) _____

Contact's email: _____ ADDRESS _____

CITY _____ ZIP _____ Payment: CASH CHECK CREDIT CARD

Credit Card Number: _____ 3 or 4 Digit Code _____ Expiration Date: _____

Total AMT: \$ _____ Card Holders Signature: _____

Please list any special needs or equipment participant may need: _____

Liability Waiver:

The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents.

Photographs are occasionally taken and may be used for promotional purposes of the recreation programs we offer. If you wish not to be photographed, check here _____

Signature Participant or guardian, if participant is under 18 : _____ **Date:** _____