

Soo Bahk Do

The purpose of this classical martial art of Korean and Chinese origin is to develop confidence through the integration of intellect, body, emotion and spirit. Unsurpassed in kicking techniques, this program will improve balance, flexibility and fitness with valuable self defense techniques. Program is offered throughout the year. Participants pay on a month by month basis and can start at the first of any month. Additional optional fees for uniform, testing and tournaments are paid to instructor.



Classes meet at the **Crystal Community Center, 4800 Douglas Drive**

TINY TOTS

WHO: Youth, ages 4-6 years
WHEN: Wednesdays, 5:15-6:00 p.m.
FEE: \$20 per Resident per month
 \$27 per Nonresident per month

YOUTH

WHO: Youth, ages: 7-16 years
WHEN: Mondays & Wednesdays
Beginner: 6:00-6:45p.m.
Advanced: 6:45-7:30p.m.
 Additional time available with permission
 Saturdays 9:15-10:30 am
FEE: \$32 per Resident per month
 \$39 per Nonresident per month

ADULT

WHO: Person, 17 years & older*
**Note: Younger students may register as adults with instructors' permission.*
WHEN: Mon. & Wed. 7:30-9:00 p.m.
 and Sat. 10:30 am-noon
FEE: \$42 per Resident per month
 \$49 per Nonresident
 OR \$10.00 per time

Payment is due one week prior to the first class each month! Phone or Fax registrations are accepted with a major credit card.

REGISTRATION & WAIVER FORM

Please print clearly. Make checks payable to the City of Robbinsdale & mail to: 4100 Lakeview Avenue No., Robbinsdale, MN 55422
 You may also register with a credit card, by calling 763-531-1278, Monday through Friday 8:15 am -4:15 pm. OR Fax in completed form to 763-537-7344.

CONTACT NAME: _____ PHONE (H) _____ (W) _____

ALTERNATIVE CONTACT: _____ PHONE: _____

ADDRESS _____ CITY _____ ZIP _____

Optional email address: _____

Payment total: _____ Payment Information:

Cash ___ Check or Authorization Code # _____ AM EX DISCOVER VISA MASTERCARD

Credit Card Number: _____ Expiration Date: _____

Card Holders Signature: _____

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

DATA PRIVACY ADVISORY & LIABILITY WAIVER:

I understand this data will be used for program purposes only. Understanding there are inherent risks involved, participant expressly releases & discharges the Cities of Robbinsdale and Crystal, their Agents & employees for any claims, injuries or damages related to such participation. Participant or guardian, if participant is under 18, **Signature:** _____ **Date:** _____

Participant's Name	Date of Birth	Grade		Level -Please circle	Please circle Month payment is for.	Fee
		Age	M/F			
1)				Tiny Tot Youth Adult	Jan Feb March April May June July Aug Sept Oct Nov Dec	
2				Tiny Tot Youth Adult	Jan Feb March April May June July Aug Sept Oct Nov Dec	