Robbinsdale Recreation 763-531-1278 Crystal Recreation 763-531-0052
Robbinsdale Program Information Line (for program cancelations): 763-531-1276

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*
*Registration taken online at www.robbinsdalemn.com or can be mailed to City of Robbinsdale **ONLY.***

TINY TOTS
WHO: Youth, ages 4-6 years
WHEN: Wednesdays, 6:00-6:45 p.m.*
FEE: **$24/month or $22 online by the 25th**

ADULT
WHO: Person, 17 years & older*
WHEN: Mon. & Wed. 7:30-9:00 p.m.
and Sat. 10:30 am-noon
FEE: **$49/month $47 online by the 25th**

YOUTH
WHO: Youth, ages: 7-16 years
WHEN: Mondays & Wednesdays
Beginner: 6:00-6:45p.m.
Advanced: 6:45-7:30p.m.
FEE: **$39/month $37 online by the 25th**

FAMILY
WHO: Families can train together!
WHEN: Saturdays, 9:30-10:30 am
FEE: **$50/month for 2 family members**
$70/month for 3 members
$90/month for 4 or more members

Payment is due by the first of the month you are participating in. If registration is received before the 25th of the previous month, there is a $2 discount. *Online registration is available at https://webtrac.robbinsdalemn.com.
Registration is also available by mail or drop off at Robbinsdale City Hall, 4100 Lakeview Ave. N.

REGISTRATION & WAIVER FORM

Please print clearly. Make checks payable to the City of Robbinsdale & mail to: 4100 Lakeview Avenue No., Robbinsdale, MN 55422

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

ALTERNATIVE CONTACT: _____ PHONE: _____

ADDRESS_____ CITY _____ ZIP _____

EMAIL ADDRESS: _____

Payment total:_____ Payment Information: Cash ____ Check ___ Check # _____

Credit Card: DISCOVER VISA MASTERCARD 3 or 4 digit verification code: _____

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: _____

Participants' Name	Date of Birth	Grade / Age	Gender M/F	Level –Please circle: (Very Important)	Please circle Month payment is for: (Very Important)	Fee
				Tiny Tot Beginner Advanced Adult Family	Jan Feb March April May June July Aug Sept Oct Nov Dec	
				Tiny Tot Beginner Advanced Adult Family	Jan Feb March April May June July Aug Sept Oct Nov Dec	