

# Taekwon-Do Tigers

## Self-Defense lessons Return!



### What is Taekwon-Do Tigers?

TaeKwon-Do Tigers is a class specifically designed for children ages 3, 4 and 5. This is a fun, safe and rewarding class to build basic self-defense skills for children. This is a positive upbeat class that encourages children to follow directions, use respect, and build self-confidence.

The Academy of Martial Arts ([www.amatkd.com](http://www.amatkd.com)) provides the instructors. Mr. Kempka a 5<sup>th</sup> Degree black belt and with a BA in Elementary Education will oversee all instruction. We are looking forward to the opportunity to teach your child! Feel free to contact us for any reason at 704-494-0800 or [amatkd@bellsouth.net](mailto:amatkd@bellsouth.net)

**704-494-0800**

### Check your Gateway class location:

- Kenton, 16420 Sedgebrook Lane, Huntersville
- Mallard Creek, 9625 Mallard Glen, Charlotte
- McKee, 3200 McKee Rd., Charlotte
- Ballantyne, 14325 Ballantyne Meadows Dr., Charlotte
- Raintree, 8010 Strawberry Lane, Charlotte
- Eastfield, 12300 Eastfield Rd., Huntersville
- Northlake, 9206 Reames Rd., Huntersville
- Whitehall, 2726 West Arrowood Rd., Charlotte



### Check payment options: *You may start the program at any time during the year.*

- Option A, Best Price! (9 Month program):**  
\$10.00 Registration, \$30 monthly for September-May. \$280.00 Total payable to "Academy of Martial Arts". Sorry no refunds.
- Option B (automatic monthly draft):**  
\$10.00 Registration, \$35 Monthly per student, automatically drafted monthly on the 2<sup>nd</sup>. Please make initial payment with one check for initial month and registration to "Academy of Martial Arts" (\$45.00). We will use check for on-going monthly drafts. You can stop the draft with 2-week notice prior of the 2<sup>nd</sup>.
- Option C: (drop Payment in Box at Gateway)**  
\$10.00 Registration, \$40.00 Monthly per student paid in the first week of every month. Late fee of \$5 per student if not in box by 15<sup>th</sup>.

### Registration Information:

Please return this form with attached payment to the front check in desk

Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Parent Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Liability Waiver

I, the undersigned, waive, release, and forever discharge any and all rights and claims for damages which may occur against the Academy of Martial Arts & Fitness, Inc., Gateway Academy Inc. and/or all persons associated with this event in any capacity, for any and all damages which may be sustained by me or my children with my association with entry in the above athletic class/meet or which may arise from me or my child/s attendance at and/or participation in the above named class/event.

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

Print Parent Name: \_\_\_\_\_