Grimes Parks & Recreation Department

Telephone: (515) 986-2143
Fax: (515) 986-3846
www.grimesiowa.gov

Taekwondo at the GCC

by "Martial Arts America"

Program Description:

Martial Arts America will be instructing this program through the Grimes Parks and Recreation Department at the GCC. It's a class that allows ages 6 – 96 to take part together. Martial Arts America has been around since 1985 and is spread out around Central Iowa. These classes teach courtesy, integrity, perseverance, self-control, and spirit. Register today at the Grimes Rec Office or online.

Who: For Those Ages 6 - 96

Where: Grimes Community Complex Room #400

Dates: Tuesdays & Thursdays (ongoing and can join now)

Times: 6:30pm – 7:30pm

Questions: Contact Brett Barber, Grimes Parks & Recreation Director at bbarber@ci.grimes.ia.us or at 515-986-2143.

To Register: Please show up at class with payment made to Martial Arts America.

Cost: $50.00 per participant for 2 months

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"Taekwondo by Martial Arts America" Registration Form

PARTICIPANT'S NAME: _____DOB:_____ AGE: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS:_____CITY: _____ZIP CODE: _____

EMAIL:_____PHONE:_____

Add me to the Grimes Rec Email List: Yes No Already on the List

PLEASE CIRCLE: AUG./SEPT OCT./NOV. DEC./JAN.

FEB./MARCH APRIL/MAY JUNE/JULY

Cost is $50 per participant for 2 months

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

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Signature of Parent or Guardian Date

Grimes Parks & Rec Office ~ 410 SE Main St. in Grimes