



# Midwest Academy of TaeKwon-Do

GM Dan Valin – 9<sup>th</sup> Degree Black Belt  
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Website: [www.matkd.net](http://www.matkd.net)



Office:  
1151 Coldspring Rd  
Elgin IL 60120

Elgin Location:  
Centre of Elgin - 100 Symphony Way  
Elgin IL 60120

Deerfield Location:  
Rootz – 7 Waukegan Rd  
Deerfield IL 60015



Thank you for your interest in our Martial Arts / Self-Defense classes at Rootz in Deerfield IL!  
Our classes are held on Tuesday evenings, beginner class is 6:45 pm to 7:45 pm. Our intermediate and advanced class is 7:45 pm to 8:45 pm.

All of our instructors are nationally and internationally certified through two of the most recognized organizations. The United TaeKwon-Do Alliance and the International TaeKwon-Do Federation. Classes are led by Ms. Linda Singer and Mr. Aaron Hadesman, both 6<sup>th</sup> Degree Black Belts with over twenty-five years of instructing experience!

If you would like to try a trial session you are more than welcome. Please fill out the waiver and bring it in and present to the instructors. You will receive a two week trial session to help you decide.

If you are registering for class please complete the waiver and bring with your payment. We accept cash or check.

Our fees are:

If you would like to pay monthly it will be \$65.00 per month and will be due the first class of the month.

If you would like to pay for three months at a time we will discount \$15.00 off! The three month payment will be \$180.00.

Uniforms will be purchased through Midwest Academy of TaeKwon-Do and the cost is \$45.00. We conduct regular belt tests usually every three months; there is a nominal testing fee.

If you have any questions please feel free to contact me at the phone number or email address listed above.

Thank you for your interest and support of our program at Rootz Dance Academy!

GM Dan Valin, 9<sup>th</sup> Dan

# Registration Information – please print clearly

Release of Liability, Waiver of Claims, Assumption of Risk Agreement – By signing this registration you are agreeing you may be waiving certain legal rights including the right to sue.

**Assumption of Risk:** I am aware and acknowledge that there are certain inherent risks and hazards that can result in physical injury or possibly death to participate in martial art programs / events. I hereby freely agree to assume and accept any and all known and unknown risks or injury, damages or loss regardless of severity while participating in this martial art event for myself or minor child / ward.

**Release and Waiver of Claims Agreement:** I agree to waive and relinquish all claims I or my minor child / ward may have as a result of participating in this martial art event may have now or in the future against: Midwest Academy of TaeKwon-Do, Midwest Martial Arts League, Dan Valin, any participating martial art school or instructor. I do hereby fully release and discharge all of my the above mentioned, any claims from injuries, damage or loss of which I or my minor child / ward may have of which may accrue to me or my minor child / ward and arising out of, connected with, or in any way associated with this martial art event.

**In the event of an Emergency:** I authorize the Midwest Academy of TaeKwon-Do or Dan Valin to call an ambulance or secure treatment deemed necessary for myself or my minor child / ward and will be responsible for all payment of any services rendered.

**Photography and Video:** I understand there might be photographs and / or video taken of myself or my minor child / ward and these are the property of the Midwest Academy of TaeKwon-Do and Midwest Martial Arts League, can be used or published for advertising and promotion of the event or future events and I am not entitled to any compensation for the use of these photographs or videos.

**I have read and understand this release and I am aware that by signing this agreement I may be waiving certain legal rights including the right to sue the Midwest Academy of TaeKwon-Do, the Midwest Martial Arts League, Dan Valin, any of the instructors or agents of both, or any of the guest instructors and agents.**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current Rank: \_\_\_\_\_

If you are under the age of 18, parent or guardian must sign:

Parent or Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Your DoJang: \_\_\_\_\_ Instructor: \_\_\_\_\_

Medical Condition we need to know: \_\_\_\_\_

Monthly payment due first class of each month - \$65.00 per month or \$180.00 for 3 months in advance.

Cash or check please, we are not set up for credit cards