

Nikki's Dance Studio - Ft. Calhoun

Crosby's Martial Arts Club Summer TKD

Boys & Girls Kindergarten (fall 2018) and up!

Chief Instructor: Mr. Crosby 4th Degree Black Belt TKD

THURSDAYS: 6:30 to 7:30pm & SATURDAYS - 10:30 to 11:30am 5/30-8/2

(No class 6/30 or 7/5) \$150 cash or check to Nikki McCuen

Student Name: _____ Birthdate: ____/____/____ Age: _____

Grade (Fall 2018): _____ Parent Names: _____

Address: _____
No./Street/PO Box City/State/Zip E-Mail

Cell. Phone for Text Contact & Info.: _____

I release NDS, it's director and staff from any and all responsibility due to accident or injury sustained during participation in all NDS activities. The student named above has my full consent to participate in any NDS activity. Upon Signature of this registration form myself and family accept any financial obligations for my student and are aware that participation in classes and the spring recital may be revoked due to lack of payment.

Parent Signature: _____ Date: ____/____/____

PLEASE SIGN AND RETURN ONE ENTIRE FORM PER STUDENT

For Questions Text Nikki @ 402-571-9353

Located at 117 & 119 N. 14th Street in Ft. Calhoun. Parking and Entrances in the back

Nikki's Dance Studio - Ft. Calhoun

Crosby's Martial Arts Club Summer TKD

Boys & Girls Kindergarten (fall 2018) and up!

Chief Instructor: Mr. Crosby 4th Degree Black Belt TKD

THURSDAYS: 6:30 to 7:30pm & SATURDAYS - 10:30 to 11:30am 5/30-8/2

(No class 6/30 or 7/5) \$150 cash or check to Nikki McCuen

Student Name: _____ Birthdate: ____/____/____ Age: _____

Grade (Fall 2018): _____ Parent Names: _____

Address: _____
No./Street/PO Box City/State/Zip E-Mail

Cell. Phone for Text Contact & Info.: _____

I release NDS, it's director and staff from any and all responsibility due to accident or injury sustained during participation in all NDS activities. The student named above has my full consent to participate in any NDS activity. Upon Signature of this registration form myself and family accept any financial obligations for my student and are aware that participation in classes and the spring recital may be revoked due to lack of payment.

Parent Signature: _____ Date: ____/____/____

PLEASE SIGN AND RETURN ONE ENTIRE FORM PER STUDENT

For Questions Text Nikki @ 402-571-9353

Located at 117 & 119 N. 14th Street in Ft. Calhoun. Parking and Entrances in the back