**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/Waiver Form and Fees may not be dropped off at Crystal Community Center*

## TINY TOTS
**WHO:** Youth, ages 4-6 years
**WHEN:** Mondays, 5:15-6:00 p.m.
**FEE:** **$24/month or $22 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**

## 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**

## 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 25th of the month prior to month you are registering for classes to receive the $2 discount!***
***Online registration is available at https://webtrac.robbinsdalemn.com.***
***Registration is also available by mail or by calling Robbinsdale Recreation Services at 763-531-1278.***

## *REGISTRATION & WAIVER FORM*

**Please print clearly. Make checks payable to the City of Robbinsdale & mail to: 4100 Lakeview Avenue No., Robbinsdale, MN 55422**
**You may register with a credit card, by calling Robbinsdale Recreation Services at 763-531-1278, Monday through Friday 8:30 am–4 pm.**

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 | |
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