



HomeSchool Program Registration Form

This program and fee schedule is offered exclusively to HomeSchooling families. Please contact Eagle Spirit Academy at 720-283-8784 or Ms. Bobbie Nelson at 303-519-6943 for price and payment information.

Name _____

Birthdate _____ Age _____

Address _____

City _____ Zip Code _____

Phone Number(s) _____

Email Address _____

We must have an email address to send billing invoices.

Parent's Names (if Student is under 18) _____

WAIVER

I do hereby submit this application and registration for participation in taekwondo classes being held at Littleton Family YMCA and taught by the Master Instructors of Eagle Spirit Academy of Taekwondo. It is agreed and understood that I will adhere to all of the rules and regulations of Eagle Spirit Academy and of Littleton Family YMCA. I agree to waive claims against any persons, schools or associations connected with Eagle Spirit Academy of Taekwondo, the ESA Owners and Instructors and Littleton Family YMCA for any injuries I may sustain while participating in classes or any event associated with ESA, and likewise assume full responsibility for all of my actions in connection with participation in classes. I understand that all fees made payable to Eagle Spirit Academy of Taekwondo or ESA are non-refundable. I also understand that ESA from time to time will use my image and likeness on their website and in their brochures to depict to prospective students the types of classes being offered at ESA. ESA will honor the request of any student who does not wish to have their likeness appear in any of our advertisements with the request written and submitted to ESA prior to any photo or image being published. My signature below verifies that I understand and agree with all of the Information above.

Student or Parent's Signature: _____ Date _____