

# Byron Township Recreation

## Tae Kwon Do



Tae Kwon Do is action philosophy. It is the Korean art of self-defense. Literally translated, TAE means kick or to strike with the foot, KWON means fist or to strike with the hand, DO means discipline or art. There is much more to the Tae Kwon Do than the martial arts physical aspect. It is designed as a non-violent art and system of complete body exercises. By practicing Tae Kwon Do, one can benefit in many ways such as physically, mentally and philosophically.

<b>Day:</b>	Mondays (12 weeks)	<b>Time:</b>	6:30pm-8:30pm
<b>Dates:</b>	January 7– March 31, 2008	<b>Cost:</b>	\$45 Resident \$55 Non-Resident
<b>Eligibility:</b>	7 years old through adult		
<b>Location:</b>	Brown Elementary School 8064 Byron Center Avenue	<b>Instructor:</b>	Master Michael Madden
<b>Registration Begins:</b>	Immediately	<b>Registration Deadline:</b>	January 4, 2008
<b>Minimum per class:</b>	6	<b>Maximum per class:</b>	20
<b>NOTE:</b> Wear comfortable clothing such as sweat pants and a t-shirt.			

**HOW TO REGISTER:** Mail in or drop off your completed registration form and the full registration fee to the Parks and Recreation Department to reserve your spot. Office hours are Monday-Friday 8:00am-5:00pm. Cash or Checks accepted. Make checks payable to: Byron Township. (No credit cards). An After hours drop box may be used to drop off your registrations. The drop box is located outside of the Township Hall front doors.  
**Byron Township Parks and Recreation \*8085 Byron Center Avenue\* Byron Center, MI 49315**  
*Phone:* 878-1998 \* *Website:* [www.byrontownship.org](http://www.byrontownship.org)

### Tae Kwon Do Class—Winter 2008

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Male / Female**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I hereby understand that by signing this form, I agree not to hold Byron Township or Madden Institute responsible for any injuries that may occur during participation in this Byron Township Recreation Program. Furthermore, I authorize Byron Township to use photographs of participants for Byron Township promotional literature.

**Parent or Participant Signature:** \_\_\_\_\_

For Office Use Only:      Date Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_