

# WESTAMPTON RECREATION DEPARTMENT

## INTRODUCTORY KARATE CLASSES

### SUMMER 2015 REGISTRATION FORM – AUTHORIZATION AND RELEASE

**REGISTRATION DATE:** Bring Registration Form and payment to first class.  
**LOCATION:** Westampton Martial Arts  
897 Rancocas Road, WESTAMPTON, NJ (Next to Old Village Pizza)  
**REGISTRATION FEE:** \$75.00 PER CHILD PER SESSION PLUS \$25 Uniform Fee  
**CLASS DATES:** Mondays – July 13<sup>th</sup> through August 31<sup>st</sup> (dates subject to minor change)  
**CLASS TIMES:** 5:30 PM – 6:15 PM FOR Ages 7 – 12 Beginners (Limited to 15 – First Come First Serve)

**PROGRAM INFORMATION:** For boys and girls Ages 7 -12. Program will include 7-8 classes. Necessary equipment will be supplied. Some optional equipment will be offered. Each participant must purchase a Karate Uniform which can be used for subsequent sessions. This introductory program will take place at the Westampton Martial Arts Dojo. Black Belt Instructors will teach discipline, focus, respect, confidence, and anti-bully and abduction self-defense, as well as basic techniques through Karate. New students in the Rec Karate program may only attend two consecutive sessions before converting to full-time. To proceed further in belt rank, students must be enrolled in the full time program. Details are available at the front desk.

**>>THIS IS NOT A SCHOOL SPONSORED ACTIVITY<<**

### PLEASE PRINT – USE ONE FORM PER PARTICIPANT

PARTICIPANT'S NAME: \_\_\_\_\_ SEX: MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAMILY E-MAIL ADDRESS: \_\_\_\_\_  
AGE: \_\_\_\_\_ (AS OF 7/13/15) BIRTH DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_ School: \_\_\_\_\_  
PARENTS' NAMES: MOM: \_\_\_\_\_ DAD: \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_  
EMERGENCY CONTACT & PHONE #: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Does participant have any known medical conditions that need specific attention during the program? \_\_Yes \_\_No  
Please be very specific: \_\_\_\_\_

(Name) \_\_\_\_\_ has my permission to participate in all activities of the above-mentioned program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport my child to the nearest medical facility for treatment in case of an emergency & to try to notify me/my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless the Karate Instructor and its staff, all participating townships, their Recreation Departments, supervisors, employees, and all program volunteers, as well as other persons connected with all participating townships, from all liability relating to personal injury or property damage that I/my child may sustain by reason on my/our participation in, equipment or facilities therein. I also understand that these participating townships do not provide accident insurance for any of their participants.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ANY QUESTIONS PLEASE CALL: Westampton Martial Arts @ 609-784-8143

THIS PROGRAM IS SPONSORED BY:

## WESTAMPTON RECREATION DEPARTMENT

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Special Discounts on Upgrade to full-time Tae Kwon Do Program. Inquire at the WMA Dojo.

2015 Karate Class Registration - Do Not Write in This Box – For Accounting Purposes Only

For Office Use Only - Amount Paid: \_\_\_\_\_ Cash: \_\_\_\_\_ Check No.: \_\_\_\_\_ Received By: \_\_\_\_\_

Checks made payable to Westampton Martial Arts Credit Cards also accepted.

Uniform Size (CIRCLE ONE): 0000 000 00 0 1 2 3 4 5