



# New Britain PAL Karate

## Registration Form



NAME: \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DATE of BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE: \_\_\_\_\_ Male Female (Circle one)

SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

RETURNING STUDENT YES \_\_\_\_\_ NO \_\_\_\_\_

PAST/PRESENT MEDICAL PROBLEMS (Explain Below)

\_\_\_\_\_  
\_\_\_\_\_

**SESSION (Choose One) \$60.00**

**KARATE (AGES 7 and up) -**

\_\_\_\_\_ TUESDAY'S - 6pm-7pm/7:15pm (Starting 9/25/18)

\_\_\_\_\_ FRIDAY'S - 6pm-7pm/7:15pm (Starting 9/28/18)

**LITTLE NINJA'S (AGES 3-6 yrs old)**

\_\_\_\_\_ AGES 3-4 - 5:00PM-5:30PM }  
\_\_\_\_\_ AGES 5-6 - 5:30PM-6:00PM } (FRIDAY'S - Starting 9/28/18)

***ACKNOWLEDGEMENT OF RISK & WAIVER OF LIABILITY***

In consideration of the right to participate in the New Britain PAL Karate Program, I do hereby, for myself, my heirs, and executors release the New Britain Police Athletic League, the City of New Britain, the Institute of Martial Arts, and all coaches, agents, employees or personnel of said parties from any and all liability for property damage, body harm, or any other damages suffered while participating in said Karate Program and accordingly waive any and all right to bring suit against the New Britain Police Athletic League, the City of New Britain, the Institute of Martial Arts, and coaches, agents, employees or personnel.

The undersigned further acknowledges that Karate involves exercise and poses inherent risk of bodily injury. The undersigned, therefore, certifies that the participant named above is in satisfactory physical condition.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian

**Office Use Only**

AMOUNT \$ _____	CK# _____	CASH _____	CREDIT/DEBIT _____
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