



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)

_____ MONDAY'S - 6pm-7pm/7:15pm

_____ FRIDAY'S - 6:30pm-7:30pm/7:45pm

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

_____ AGES 3-4 - 5:00PM-5:30PM

_____ AGES 3-4 - 5:30PM-6:00PM

_____ AGES 5-6 - 6:00PM-6:30PM

(ALL CLASSES HELD FRIDAY'S)

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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