Esposito's Karate Fitness Center

230 Adams Street ▪ Newton, MA 02458
(617) 965-1329
www.espositoskarate.com

WINTER REGISTRATION

DECEMBER 7, 2026 - MARCH 13, 2027

12 WEEK SESSION (No Class during Dec.24-Jan.2 & Feb.15-20)

REGISTRATION Please fill out the form below and return it to Esposito's Karate Fitness Center, Inc. Registration may be done by mail or in person and must include your full class tuition & uniform fee (if applicable).

Student Name: _____ Belt Color: _____

Address: _____ City: _____ Zip: _____

Home Phone: ( ) _____ Age: _____ Date of Birth: / /

Email Address: _____

st Parent Name: _____ 1st Parent Cell/Work #: ( ) _____

nd Parent Name: _____ 2nd Parent Cell/Work #: ( ) _____

Once per Week $348.00		
1st CHOICE: (circle one)	**M T W Th F S**	TIME:
2nd CHOICE*: (circle one)	**M T W Th F S**	TIME:

Twice per Week $648.00		
1st CHOICE: (circle 2)	**M T W Th F S**	TIME:
	M T W Th F S	TIME:
2nd CHOICE*: (circle 2)	**M T W Th F S**	TIME:
	M T W Th F S	TIME:

Payments by cas
or check

* If first choice becomes unavailable.

MAKE CHECKS PAYABLE
TO J.M. ESPOSITO

Tuition: $ _____

Uniform Fee: ($45/white $50/black*) *blue belts & up $ _____

Total Enclosed: $ _____

Are there any medical conditions of which we should be alerted?

Acknowledgment of Risk and Waiver of Liability

As a parent or legal guardian of (student's entire name) _____, I hereby consent to the aforementioned participation in karate and related activities with Esposito's Karate Fitness Center, Inc. I recognize that there is a risk of injury involved in participating in karate and I assume all risk for any injury sustained to the aforementioned participant and hold Esposito's Karate Fitness Center, Inc., it officers, owners, agents, instructors, directors and members harmless from any liability.

_____ / /

Parent/Legal Guardian Signature Date