



Esposito's Karate Fitness Center

230 Adams Street ▪ Newton, MA 02458

(617) 965-1329

www.espositoskarate.com

FALL REGISTRATION SEPTEMBER 9 - NOVEMBER 30, 2024

12 WEEK SESSION

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

Student Name: _____ Belt Color: _____

Address: _____ City: _____ Zip: _____

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

Email Address: _____

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

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

Once per Week \$330.00		
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 \$618.00		
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: _____

* If first choice becomes unavailable.

**MAKE CHECKS PAYABLE
TO J.M. ESPOSITO**

Tuition: \$ _____

Uniform Fee: (\$45/white \$50/black) \$ _____

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., its officers, owners, agents, instructors, directors and members harmless from any liability.

Parent/Legal Guardian

Signature Date