



Esposito's Karate Fitness Center
 230 Adams Street ■ Newton, MA 02458
 (617) 965-1329
 www.espositoskarate.com

SUMMER REGISTRATION
JUNE 17 - SEPTEMBER 7, 2024

12 WEEK SESSION (No classes Tuesday July 4th or Labor Day, Monday, Sept 4th)

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: _____
 1st Parent Name: _____ Cell/Work #: () _____
 2nd Parent Name: _____ Cell/Work #: () _____

Once per Week	\$330.00/full session	\$27.50/per week
1st CHOICE: (circle one)	M T W Th Sat	TIME: _____
2nd CHOICE*: (circle one)	M T W Th Sat	TIME: _____

Twice per Week	\$618.00/full session	\$51.50/per week
1st CHOICE: (circle up to two)	M T W Th Sat	TIME: _____
	M T W Th Sat	TIME: _____
2nd CHOICE*: (circle up to two)	M T W Th Sat	TIME: _____
	M T W Th Sat	TIME: _____

* If first choice becomes unavailable.

Pro-Rates available

- Circle Wks attending**
- Wk of 6/17
 - Wk of 6/24
 - Wk of 7/1
 - Wk of 7/8
 - Wk of 7/15
 - Wk of 7/22
 - Wk of 7/29
 - Wk of 8/5
 - Wk of 8/12
 - Wk of 8/19
 - Wk of 8/26
 - Wk of 9/3

**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