

liability.

Parent/Legal Guardian

Esposito's Karate Fitness Center

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

SPRING (Virtual & In Dojo) REGISTRATION MARCH 15 - JUNE 19, 2021

13 WEEK SESSION (No classes April Vacation Week - 4/19-4/24)

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:								Date	of Birth:	1	1	
Email Address:												
1 st Parent Name:							_ 1 st	Parent Cell/Work #: _()			
2 nd Parent Name:							_ 2 nd	Parent Cell/Work #: _()			
Once per Week	1 322 0	10								Please ir	ndicate:	
1st CHOICE:	M	T	W	Th	F		TIME:			VIRT		
(circle one)				• • • • • • • • • • • • • • • • • • • •	•							
2nd CHOICE*: (circle one)	M	Т	W	Th	F	S	TIME:			and	OI	
Twice per Week \$585.00										IN DO	JO	
1st CHOICE:	М	Т	W	Th	F	S	TIME:					
(circle 2)	М	Т	W	Th	F	S	TIME:					
2nd CHOICE*:	М	Т	W	Th	F	S	TIME:			Payments	•	
(circle 2)	M	T	W	Th	F	S	TIME:			or ch	eck	
Three classes pe	r Week	\$85	5.00									
1st CHOICE:	M	Т	W	Th	F	S	TIME:					
(circle 3)	171	Т	W	Th	F	S	TIME:					
2nd CHOICE*:		Т	W	Th	F	S	TIME:					
(circle 3)	IVI	T	W	Th	F	S	TIME:					
* If first choice becon	nes unav	/ailable	•						Tuition:	\$		
MAKE CHECKS PAYABLE							Uniform Fee: (\$					
TO J.M. ESPOSITO								\$40/black*) *blue	belts & up	φ		
								Total E	inclosed:	\$		
Are there any med	ical co	ndition	ns of v	which	we :	shoul	d be alerted	?				
Acknowledgment of	f Risk	and W	/aiver	of Lia	bility	y						
As a parent or legal guardian of (student's entire name)												

Signature Date