

Esposito's Karate Fitness Center

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

SUMMER REGISTRATION JUNE 16 - SEPTEMBER 6, 2025

12 WEEK SESSION (No classes on Labor Day, Monday, Sept 1st)

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:								
1 st Parent Name:						Cell/Work #:	()	
2 nd Parent Name:						Cell/Work #:	()	
Once per Week	\$330	.00/fi	ull se	ssion	\$2 [°]	7.50/per week	Pro-R	ates available
1st CHOICE: (circle one)		т	W	Th	Sat	TIME:	Circle Wks attending	Wk of 6/16 Wk of 6/23
2nd CHOICE*: (circle one)		т	W	Th	Sat	TIME:		Wk of 6/30 Wk of 7/7
								Wk of 7/14
Twice per Week	\$618	3.00/f	ull se	ssion	\$51	.50/per week		Wk of 7/21
1st CHOICE:	м	т	W	Th	Sat	TIME:		Wk of 7/28
(circle up to two)	М	т	W	Th	Sat	TIME:		Wk of 8/4
2nd CHOICE*: (circle up to two)		т	W	Th	Sat	TIME:		Wk of 8/11
	М	т	W	Th	Sat	TIME:		Wk of 8/18
* If first choice becor	nes un	availab	le.					Wk of 8/25
								Wk of 9/2

	Tuition:	\$
MAKE CHECKS PAYABLE TO J.M. ESPOSITO	Uniform Fee: (\$45/white \$50/black)	\$
	Total Enclosed:	\$
Are there any medical conditions of which we sh		

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

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