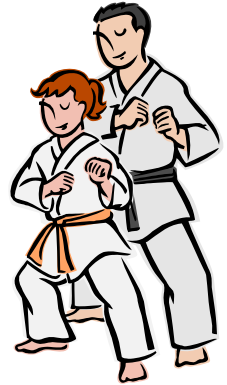


## **Karate – Willington Recreation Department- 2010 Session 13 Program Information**



Traditional Shaolin Kempo Karate for all ages presented by Hidden Dragon II Karate. Hidden Dragon was recently awarded the 2008 National Martial Arts School of the Year. Sensei Dan, who was just this past February inducted into the U.S.A. Martial Arts Hall of Fame and Awarded Martial Arts Man of the Year by the same Hall of Fame, will teach the program.

The program will run for six weeks, on Wednesday Nights.

**The cost is \$40 per student payable to Willington Parks and Rec Department**  
Classes will be held at the Hidden Dragon Karate II Dojo, 11 Phelps Way, Willington.

**The next session will be as follows:**

Wednesdays: Session 13: July 28<sup>th</sup>, August 4<sup>th</sup>, 11<sup>th</sup>, 18<sup>th</sup>, 25<sup>th</sup>, and 27<sup>th</sup> for testing

**Class Time: 5:00 pm – 5:30 pm**

**Time subject to change**

**Students will only be allowed to make up one missed class within the Hidden Dragon Karate II school schedule. Any student missing more than two or more classes will not be eligible to test.**

**ONCE STUDENTS HAVE OBTAINED THE RANK OF ORANGE BELT, STUDENTS HAVE THE OPTION TO JOIN THE SCHOOL FULL OR PART TIME, OR LEAVE THE PROGRAM.**

**ALL NEW STUDENTS ARE REQUIRED TO PURCHASE HIDDEN DRAGON TEE SHIRTS FOR \$15.00.**  
Make checks payable to Hidden Dragon II.

### **Questions**

Please contact Teri Gareau, Willington Recreation Department 487-3108 or email [tgareau@willingtonct.org](mailto:tgareau@willingtonct.org).

# Karate – Registration Form- 2010-Session 13

WILLINGTON RECREATION PROGRAMS

Fee: \$40 per Student

## Participant Information – Please Complete One Form for Each Player

Name: \_\_\_\_\_ Gender: M F  
(First) (Last)

Address: \_\_\_\_\_

Town \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

E-mail: \_\_\_\_\_ Program: \_\_\_\_\_ Day \_\_\_\_\_ Time: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_

## Release, Waiver and Assumption of Liability and Consent For Medical Treatment

I, the undersigned, by registering myself or my child in the town's Karate Program understand the nature and risks associated with the participation in this activity.

I hereby grant my child permission to participate. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for his or her own safety.

I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Willington, its successors and assigns, employees, agents and representative for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, myself, family members or friends while participating in this program.

Consent for Medical Treatment of Minors, as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

I certify that the information contained on this form is accurate and complete

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

REFUND POLICY: There are no refunds except for medical reasons, upon receipt of a physicians note.

Please check if you do not want your student's photo taken.

## Emergency/Medical information

In case of emergency contact: Name: \_\_\_\_\_

Home Tele: \_\_\_\_\_ Bus. Tele: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Allergies, Medical Conditions & other info: \_\_\_\_\_

Return completed form with payment to:  
Make checks payable to Willington Rec Dept

Recreation Dept, Town of Willington  
40 Old Farms Road  
Willington, CT 06279

Visit us on the web at: Willingtonct.org, Phone 487-3108