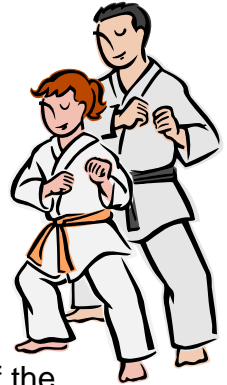


Karate – Willington Recreation Department- Fall/Winter 2010

Program Information



Traditional Shaolin Kempo Karate and Jujitsu for all ages starting at 3 years old presented by Hidden Dragon II Karate. Hidden Dragon was awarded the 2008 National Marital Arts School of the Year. Sensei Dan, who is a member of the U.S.A. Martial Arts Hall of Fame and was awarded the Martial Arts Man of the Year by the same Hall of Fame, will teach the program with highly qualified assistant instructors.

The program will run for 6 weeks, Wednesday nights. The cost is \$40 per student payable to the Willington Parks and Recreation Department

Class time is 5:00pm

Session Dates:

September 8th, 15th, 22nd, 29th, October 6th, and 13th

October 20th, 27th, November 3rd, 10th, 17th, and 19th Test Night

December 1st, 8th, 15th, 22nd, 29th, and January 5th

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.

Karate – Registration Form- Fall/Winter 2010

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