

Black Tiger Karate - Registration Form

Participant Information — list all participants registering for this program.

1. Last Name: _____ First Name: _____ Date of Birth: _____

2. Last Name: _____ First Name: _____ Date of Birth: _____

3. Last Name: _____ First Name: _____ Date of Birth: _____

4. Last Name: _____ First Name: _____ Date of Birth: _____

5. Last Name: _____ First Name: _____

* All participants must pay before classes start

Family & Adult Members (monthly membership at the YMCA)

\$40 per session/participant

Program Members (no membership at the YMCA)

\$60 per session/participant

Cash/Check/Credit Card

No Automatic Drafts

No Refunds after attendance of class

Parent/Guardian Information

Guardian's Last Name(s): _____ First Name(s): _____

Home/Cell Number: _____ Email: _____

Home Address, City, State, Zip Code: _____

Parent Authorization & Agreement

Medical Release Form

I hereby certify that my child is in normal health and capable of safe participation in the Black Tiger Karate program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that guardians cannot be reached.

Injury Waiver

By my signature and my own free will, I do hereby agree to indemnify and save harmless the YMCA and Black Tiger Karate, from any and all claims or demands, cost expenses arising out of any injuries, damages, or other losses, whether personal or property, sustained by me or my party to whom I am responsible.

X _____

Parent Signature

Date

For Office Use ONLY

DATE: _____ RECEIPT NUMBER _____ EMPLOYEE NAME _____

Family Discounts

2nd family member 25% off

3rd family member 50% off

4th family member 75% off

5th family member Free

