

REGISTRATION FORM:

Please rank, in order of importance, the benefits you would like (your child) to obtain:

Children

- | | | |
|--|--|---|
| <input type="checkbox"/> Coordination | <input type="checkbox"/> Respect | <input type="checkbox"/> Improved attention span |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Self-discipline | <input type="checkbox"/> Scholastic improvement |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Self-defense | <input type="checkbox"/> Goal setting skills |
| <input type="checkbox"/> Awareness | <input type="checkbox"/> Outwardness | <input type="checkbox"/> Perseverance |
| <input type="checkbox"/> Balance | <input type="checkbox"/> Self-esteem | <input type="checkbox"/> Improved character/citizenship |

Adults

- | | | |
|--|---|--|
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Stress reduction | <input type="checkbox"/> Weight loss |
| <input type="checkbox"/> Muscle toning | <input type="checkbox"/> Self-defense | <input type="checkbox"/> Cardiovascular efficiency |

Student Name: _____ Home Phone(_____) _____ - _____

Address: _____ City: _____ Zip: _____

Class Site: _____ City of Center: _____ E-mail _____

IMPOTANT INFORMATION:

All classes meet weekly. Testing for promotion is offered after approximately (12) classes for beginner, and (24) classes for advanced. The fee for testing is \$50. up to black belt, which includes all administrative fees, a certificate of achievement, and the new belt. A uniform is required before testing for promotion, and can be purchased for a nominal fee of \$39.95 through WCRB karate. Please note: all belt levels beyond white participate in light sparring , for which insurance requires approved safety equipment (again, this can be purchased through WCRB karate at discounted prices).

HOLD HARMLESS WAIVER:

I, the parent or legal guardian, am enrolling the student in this course voluntarily, and with full knowledge and appreciation of the risks of physical injury that are related to a course of this nature. I agree to hold harmless, and hereby waive any claim against the instructor, WCRB Karate and it’s affiliates, and the agency sponsoring the course, and fully indemnify those parties from any liability whatsoever that may arise from the student’s participation in this course.

Printed name/ Guardian’s printed name: _____

Signature/ Guardian’s signature: _____

HOW TO MAKE PAYMENT: Make tuition payment out to WCRB Karate and mail payment to: WCRB Karate, P.O. Box 7450, Arlington, VA 22207. If payment has been made via another source please disregard this section. **We appreciate your business!**