



Karate Kids: Grades K - 6

The classes are sponsored by Thompson Recreation and are taught by Danielson Martial Arts Academy. This class teaches children to have respect, self-control, discipline, and to work toward increased athletic ability through the great art and sport of Karate. Instructor: Jessica Dean

Wednesdays, Oct. 1, 8, 15, 22, 29, Nov. 5, 12, 19, 2008 (8 weeks)

Early Bird Registration by Sept. 24: \$ 52

Registrations received after Sept. 24: \$ 57

Time: 3:15-4:15 p.m. Location: TMS Gym/TMHS Cafeteria

At 4:15 p.m. pick-up, photo ID must be shown.

Elementary students will be picked up in their classrooms immediately after school.

Middle school students should meet the middle school cafeteria at dismissal. St. Joe's students may take the shuttle bus to the Middle School.

Note: Extended Care until 5:30 p.m. is available at an additional cost of \$3 per class.

Registrations will be accepted on a first-come, first-serve basis. Please complete the form below and return with a check in a sealed envelope marked Thompson Recreation to the school office or to the Recreation Office, or mail it to TRC.

P.O. Box 899, No. Grosvenordale, CT 06255. Questions? Call 923-9440.

KEEP UPPER PORTION FOR YOUR RECORDS.

Karate Registration Form Session I: October-November 2008

(Please print and list only 1 child per form)

✓ if St. Joe's

Student _____ Gr. _____ Teacher _____

Parent Name(s) _____

Mailing Address _____ Town _____ State _____ Zip _____

Home Phone _____ Cell # _____ Work # _____

Parent E-Mail Address _____

Other Emergency Contact: _____ Emerg# _____

Does your child have any medical needs/conditions that the staff should be aware of? _____ If Yes, please explain _____

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's participation in Karate classes. Photographs of my child can be used for program promotion. **Also, I give permission for my child to receive emergency medical care, if I am unavailable.** I understand space is limited and will be made available on a first-come, first-serve basis until the class is full. I understand there are no refunds for missed classes. **I understand that if there is an emergency early release from school, this program will not be held and my child will be sent home according to the instructions on my child's school emergency form.** I understand there is a \$20 fee for checks returned to TRC by the bank. My child may be picked up after class by the following people; I understand photo ID is required.

My child will require Extended Care No _____ Yes _____ (\$24 per session)

I have enclosed payment in the amount of \$ _____ Cash _____ Check # _____

Parent or Guardian Signature _____ Date _____