



OPEN REGISTRATION
2/1/12-2/13/12

Isshinryu Karate Registration

Name - _____ DOB _____

Address - _____ Age _____

Phone Number - _____ email - _____

YMCA Member - Y/N - Membership # - _____

Special Concerns- _____

EMERGENCY CONTACT INFORMATION -

Name - _____ Relationship- _____

Phone number - _____

8 Weeks - Classes start Feb 20, 2012

Youth (SR3310)

Mondays 6-7pm

Ages 4 to 15 yrs

Cost - \$45members

\$60 nonmembers

Adult (SR3310)

Mondays 7-8pm

Ages 16yrs - 99 yrs

Cost - \$45 members

\$60 nonmembers

Late fee of \$10 due after Feb 13, 2012

I hereby provide my consent and approval for myself/son/daughter to participate in this activity sponsored by the King George YMCA. I will not hold the YMCA, coaches, officials or employees of each responsible in case of accident or injury as a result of my/his/her participation in this program. I also acknowledge that the YMCA does not provide medical insurance protection, and that I am fully aware of the risks associate with not having medical insurance protection. I fully understand the risks involved with this activity and know my child is physically able to participate in this program. In the event of an EMERGENCY, I hereby give my consent for the YMCA to arrange for myself/son/daughter, _____ (participant's name), to be taken to the nearest emergency room for treatment.

Parent/Guardian's Signature - _____ Date- _____

*Class restrictions - 4 participant minimum and 12 participant maximum.
 Classes start 2/20/12

YMCA USE	
Class fees - \$	_____
Late fee - \$	_____
Total Paid - \$	_____
Date Rec'd -	_____