



Mary Rowlandson Elementary After-School Karate Program
REGISTRATION/ CONSENT FORM

Student Information:

Child's name _____ DOB _____ Grade _____

Parent's/Guardian's name _____ E-mail _____

Home phone number _____ (Work/cell) _____

Address: Street, Town, ZIP _____

Emergency contact name and phone (other than parent) _____

Please inform us of any physical limitations or other concerns you have regarding your child.

Parental Consent:

I, _____, authorize my daughter/son _____ to participate in the upcoming PTO-sponsored after school karate program offered by Sterling Martial Arts at Mary Rowlandson Elementary School beginning on October 6, 2010.

My signature also releases Michael Sonia, Susan Sonia, Sterling Martial Arts, Mary Rowlandson Elementary School and sponsor and agrees to hold harmless from any liability for injury that may be incurred as a result of this course or use of the strategies within.

I HAVE READ THE ABOVE WAIVER AND RELEASE, I UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN VOLUNTARILY.

Signature _____ Date _____
(Parent or Legal Guardian)

The initialing of this box also grants permission for my child's picture to be taken for the purpose of general media or press releases for the program. (Names will not be used without permission from a parent.)

Payment:

10-week program (includes t-shirt, belt, bag, handbook, mouth guard) \$155 _____

Embroidered gi (not mandatory) \$25 _____

10-week program for Current Sterling Martial Arts Students \$50 _____
(already enrolled in karate at Sterling Gym)

Total enclosed: _____

Please make checks payable to *Lancaster PTO*. Enclose this form with payment in an envelope labeled "PTO After-school Karate," and send it to school with your child by September 29.

For additional questions, contact Mike or Sue Sonia by e-mail: suesonia@comast.net