



# Esposito's Karate Fitness Center

230 Adams Street ■ Newton, MA 02458

(617) 965-1329

www.espositoskarate.com

## FALL REGISTRATION SEPTEMBER 14 - DECEMBER 5, 2020

12 WEEK SESSION

REGISTRATION Please fill out the form below and return it to Esposito's Karate Fitness Center, Inc. Registration may be done by mail or in person and must include your full class tuition & uniform fee (if applicable).

Student Name: \_\_\_\_\_ Belt Color: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: / /

Email Address: \_\_\_\_\_

1<sup>st</sup> Parent Name: \_\_\_\_\_ 1<sup>st</sup> Parent Cell/Work #: ( ) \_\_\_\_\_

2<sup>nd</sup> Parent Name: \_\_\_\_\_ 2<sup>nd</sup> Parent Cell/Work #: ( ) \_\_\_\_\_

Once per Week \$294.00							
1st CHOICE: (circle one)	M	T	W	Th	F	S	TIME:
2nd CHOICE*: (circle one)	M	T	W	Th	F	S	TIME:

Twice per Week \$540.00							
1st CHOICE: (circle up to two)	M	T	W	Th	F	S	TIME:
	M	T	W	Th	F	S	TIME:
2nd CHOICE*: (circle up to two)	M	T	W	Th	F	S	TIME:
	M	T	W	Th	F	S	TIME:

\* If first choice becomes unavailable.

MAKE CHECKS PAYABLE  
TO J.M. ESPOSITO

Tuition: \$ \_\_\_\_\_  
Uniform Fee: (\$35/white \$40/black) \$ \_\_\_\_\_  
Total Enclosed: \$ \_\_\_\_\_

Are there any medical conditions of which we should be alerted?

### Acknowledgment of Risk and Waiver of Liability

As a parent or legal guardian of (student's entire name) \_\_\_\_\_, I hereby consent to the aforementioned participation in karate and related activities with Esposito's Karate Fitness Center, Inc. I recognize that there is a risk of injury involved in participating in karate and I assume all risk for any injury sustained to the aforementioned participant and hold Esposito's Karate Fitness Center, Inc., its officers, owners, agents, instructors, directors and members harmless from any liability.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Signature Date