

# Esposito's Karate Fitness Center

230 Adams Street, Newton, MA 02458

(617) 965-1329

[www.espositoskarate.com](http://www.espositoskarate.com)

## REGISTRATION FORM

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). PLEASE NOTE: AFTER REGISTRATION DEADLINE - CLASSES WILL BE MADE AVAILABLE TO STUDENTS ON OUR WAIT LIST.

Student's name \_\_\_\_\_ Belt Color \_\_\_\_\_

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

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

Email address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Cell/Work # (\_\_\_\_) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Parent's Cell/Work # (\_\_\_\_) \_\_\_\_\_

**Once per Week \$209**

1 <sup>ST</sup> CHOICE: DAY	TIME:
2 <sup>ND</sup> CHOICE: DAY	TIME:

**Twice per Week \$335**

1 <sup>ST</sup> CHOICE: DAYS	TIMES:
2 <sup>ND</sup> CHOICE: DAYS	TIMES:

**MAKE CHECKS PAYABLE TO J.M. ESPOSITO.**

Tuition \$ \_\_\_\_\_

Uniform Fee/Size (\$25) \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

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

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### 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