



DHAC MARTIAL ARTS

Tiny Tigers

DEDHAM HEALTH  
& Athletic Complex

Karate based movement class for 2.9-4 yr. olds combining dynamic play and the martial arts to help develop gross motor and safety skills, setting the foundation for an active childhood.

## Session II: November 11, 2018- February 2, 2019

Breaks: November 18-24, 2018 and December 23, 2018-January 5, 2019

Sunday, 2:15-2:45 PM

Tuesday, 2:00-2:30 PM

*\*NEW\** Wednesday, 3:15-3:45 PM

Thursday, 10:30-11:00 AM

Member: \$153

Non-Member: \$189

(1 class/wk.)



# DHAC MARTIAL ARTS

## Tiny Tigers

Participant Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_  
 Parent's/Guardian's Name(s) (if under 18): \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_  
 Are you a DHAC member? (Circle one) YES NO  
 Emergency Contact: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
 Does the participant have any known past or current medical concerns that limit participation in physical activity and contact karate? If yes, please give detailed explanation. \_\_\_\_\_

### Check Class(es) Attending:

	Tuesday, 2:00-2:30 PM	
	Wednesday, 3:15-3:45 PM	
	Thursday, 10:30-11:00 AM	
	Sunday, 2:15-2:45 PM	
	Total	

Session Price (1 class/wk.)

Member: \$153

Non-Member: \$189

### Method of Payment

Cash                       Check # \_\_\_\_\_  
 Credit Card               Card on File

Name as it appears on card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_ / \_\_\_\_                      CID# \_\_\_\_\_  
 Cardholder's Signature: \_\_\_\_\_



I have filled out this form to the best of my knowledge and agree to inform DHAC in writing of any changes of health status of participant. Any dispute, controversy or claim arising under, out of, or relating in any way to this contract and any subsequent amendments of this contract, its formation, validity, binding effect, interpretation, performance, breach or termination, as well as non-contractual claims, shall be referred to and finally determined by arbitration in accordance with the rules of the American Arbitration Association, and not by court action. Member hereby waives any and all rights to a jury trial with respect to any dispute, controversy or claim. **Model Release:** I hereby waive my rights to remuneration regarding the photographing, video filming, and or written documentation of me or provided by me of my fitness activities. I understand and acknowledge that photographs, video film, and written documentation of me or provided by me may appear in the Dedham Health & Athletic Complex textbooks, training videos, advertising brochures, photographs and/or video film of me may appear in other publications independent of Dedham Health & Athletic Complex such as a magazine article or documentary. I grant permission to Dedham Health & Athletic Complex to utilize any such photograph and/or video film taken in the performance of my fitness duties, and written documentation of me or provided by me.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 (Parent/Guardian if under 18)