



DHAC

MARTIAL ARTS

9-Week Session Registration Form

Membership Rep: _____

April 21st-June 22nd

9- Week Session- 1/class wk.

Member: \$171.00

Non- Member: \$207.00

Check Class Attending:

Tiny Tigers (2.9- 4 yrs.)

_____ Sunday, 2:15-2:45 PM

_____ Tuesday, 2:00-2:30 PM

_____ Wednesday, 3:15-3:45 PM

_____ Thursday, 10:30-11:00 AM

Little Dragons (4-6 yrs.)

_____ Sunday, 9:00-9:45 AM

_____ Wednesday, 4:00-4:45 PM

_____ Friday, 4:00-4:45 PM

_____ Saturday, 10:00-10:45 AM

Youth Beginner (7-11 yrs.)

_____ Tuesday, 5:15-6:00 PM

_____ Wednesday, 5:00-5:45 PM

_____ Friday, 5:00-5:45 PM

_____ Saturday, 11:45 AM- 12:30 PM

TOTAL: _____

Participant Name: _____ Age: _____

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. _____

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, the undersigned, wish to participate in the exercise and recreational programs offered by DHAC. I understand that there are inherent risks in participating in a program of strenuous exercise. I warrant and represent that I have been physically examined by a medical physician of my choice within one (1) year last past of the date signed here and to the best of my knowledge am able to participate in this program without restrictions. If restrictions exist, I will provide in writing, an outline of those restrictions as stated by my medical practitioner. I also agree to notify DHAC of any change in my physical condition, which may in any way affect my ability to participate in DHAC programs. I agree that DHAC shall not be liable or responsible for any injuries which may be suffered while participating in any sport or while otherwise utilizing the facilities of DHAC including, aerobics classes, basketball court, track, swimming pool, spa, racquetball, tennis courts, the rock climbing wall, as well as the locker room facilities. I expressly release and discharge DHAC, ETM Corp., DTA, and its employees agents, and assigns, from all claims, actions, and judgments which I or my heirs, executors, administrators, or assigns, may have against DHAC and/or its employees, agents, or assigns for all injuries or other damage which may occur in connection with any participation in these programs. This release shall be binding upon my heirs, executors, administrators, and assigns. **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.

Participant Signature: _____ Date: ____/____/____

(Parent/guardian must sign if participant under age of 18)