

Office Use
Date _____
Cash / Check # _____
\$ _____

# Martial Arts

*The Jikido Jujitsu Program is for adults and children ages 6 and up.*

\$40.00 for one day per week per 8-week session  
\$75.00 for two days per week per 8-week session

PARTICIPANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_\_ D.O.B. \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_  
(if participant is under 18 years old)

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

Please list any medical problems, allergies or special assistance that staff should be made aware of regarding participation in this program:

\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is true:**

\_\_\_\_\_  
(PARTICIPANT OR, if under 18, PARENT OR GUARDIAN SIGNATURE) (DATE)

## LIABILITY WAIVER

Know that I, \_\_\_\_\_, hereby give my son / daughter  
(please circle one) \_\_\_\_\_ permission to

participate in the Town of Windsor Locks **Martial Arts Program**. In consideration for my ability / child's ability (please circle one) to participate in the **Martial Arts Program**, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks **Martial Arts Program**.

**I certify that the above statements are true:**

\_\_\_\_\_  
(PARTICIPANT OR, if under 18, PARENT OR GUARDIAN SIGNATURE) (DATE)