

**Chester Parks and Recreation Karate Registration
Mondays at the Chester Town Hall**

Please circle session(s) choice.

Session 1: September 25, October 2, 16, 23, 30

**Session 2: November 13, 20, 27, December 4, 11
5:00 until 6:00pm, \$45 per 5 class session**

PLEASE CALL 526-0013, extension 223 or e-mail parkrec@chesterct.org to confirm your space and return this form to Chester Elementary School, the Parks and Recreation mailbox at Town Hall or mail to: Town of Chester, Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412, with the \$45 fee per session (A uniform is recommended. *Please add \$29 if you wish to purchase a uniform.*) made payable to: **"Tammy Marino"**

Call Instructor Tammy Marino at 860-538-4337 or e-mail tamarah1958@gmail.com for information.

*This program is open to students ages 5 to 15.
Please wear comfortable clothing.*

Participant's Name: _____ Grade: _____ Age: _____

Home Phone Number: _____ e-mail Address: _____

Mailing Address: _____

Parents' Name(s) and Phone Number(s) During the Program:

Please list any concerns regarding that should be brought to the attention of the instructor or the Parks and Recreation staff.

Emergency Name(s) and Phone Number(s):

The child's parent, or a person designated below, must come in to the building to sign them out after the activity. The following people have permission to sign my child out:

PLEASE INDICATE AT THE TOP OF THIS FORM if you do not wish your CHILD'S PHOTO to appear in newspapers or on the Town web site, social media, flyers, e-mails, or bulletin boards. I give permission for my child, named above, to participate in the Chester Parks and Recreation Karate program held by Tammy Marino. I give the instructor or the staff of the Chester Parks and Recreation department permission to seek emergency medical treatment for my child.

I understand that there are inherent risks to this activity and I assume those risks.

Signature of Parent or Guardian

Date