

**Chester Parks and Recreation Karate Registration
Mondays at the Chester Town Hall 5:00 until 6:00pm
\$45 per 5 class session payable to "Tammy Marino"**

Please circle session(s) choice.

Summer Session: July 2, 9, 16, 23, 30

Session 1: September 10, 17, 24, October 1, 8

Session 2: October 15, 22, 29, November 19, 26

Session 3: December 3, 10, 17, January 7, 14

Session 4: January 28, February 4, 11, 25, March 4

Session 5: March 11, 18, 25, April 1, 8

Session 6: April 29, May 6, 13, 20, June 3

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.*)

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 for 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