

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

Please circle session(s) choice.

Summer Session: July 8, 15, 22, 29, August 5

Session 1: September 9, 16, 23, October 7, 21 Session 2: October 28, November 18, 25, December 2, 9

Session 3: January 6, 13, 27, February 3, 10 Session 4: February 24, March 2, 9, 16, 23

Session 5: March 30, April 13, 20, 27, May 4 Session 6: May 11, 18, June 1, 8, 15

5:00 until 6:00pm, \$47 per 5 class session payable to “Tammy Marino”

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 \$31 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 12. 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

ACCORDING TO CONNECTICUT GENERAL STATUTE 19a-77 WE ARE REQUIRED TO DISCLOSE THAT TOWN OF CHESTER PROGRAMS ARE NOT LICENSED BY THE STATE OFFICE OF EARLY CHILDHOOD.