

# TIGER SCHULMANN'S KARATE CRESTWOOD REGISTRATION FORM

Child's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Parent's Name(s) : \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any physical ailments / limitations that might interfere with taking classes? Yes / No \_\_\_\_\_

**FALL SESSION BEGINS 09/18**  
**10 Week Program - \$350 + \$50 for uniform**  
**45-minute classes**

Class Times

**Monday 2:00p**

**Monday 3:45p**

\*\* when Crestwood is closed, there is no Karate \*\*

**email:** syosset@tsk.com **text:** 516-584-3225

**Payment Information**

Card #

Exp     CVV

Card Holder Name (Print)

Signature

**WAIVER OF LIABILITY**

Student understands that participation in martial arts and martial arts instruction involves physical exertion and contact. Student acknowledges that such activity is dangerous and that there is a risk of injury involved. Student waives any claim, and releases TSMMA and its employees and agents, from any claims, including injuries caused by the negligence of TSMMA. This release and waiver does not apply to any act of willful misconduct or gross negligence.

Parent Signature

Date