

CRESTWOOD REGISTRATION FORM TIGER SCHULMANN'S KARATE

Child's Name: _____ 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 _____

10 Week Program - \$350 + \$50 for uniform (if needed)

spring session starts Monday, March 17th

Class Times

Monday 2:00p _____

Monday 3:45p _____

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

Payment Information

Card #

Exp CVV

Signature Card Holder Name (Print)

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