

MARTIAL ARTS HAPKIDO



SIGN UP NOW!

Name _____ Age _____ DOB ____/____/____

Address _____ City _____ Zip _____

Male _____ Female _____

Parent/Guardian _____ DOB ____/____/____

Email _____

Cell _____ Home _____

Martial Arts Experience? _____ Last Level completed? _____

Does the participant have any disability or special needs the instructor needs to be aware of? If so, please describe _____



Martial Arts Fee: \$20 per month for *Members* **\$45** per month for *Non-Members*

Attend class 1 - 2 days each week Fees are due by the 15th of each month. A \$10 late fee will be added after the 15th of each month.

GUEST Fee: Members **\$15** Non Members **\$25** (The participant *WILL PAY each night* they attend)

Class Times: *Monday 6:30 - 8 pm & Thursday 6:30 - 8:00 pm*

Instructors: **Master Kurtis Carter** 5th Degree Black Belt Hapkido, 4th Degree BB Japanese Jujitsu, Advanced Weapons Training, Tae Kwon Do, Karate Kung Fu

Kim Carter 3rd Degree Black Belt, Tiny Tiger Curriculum

Sessions are available to Members and Non-members **ages 6 & up**

*****ALL CLASS DATES, TIMES & PRICES ARE SUBJECT TO CHANGE**

Sports & Program Credit / Refund Policy Registrants must provide a minimum of 72 hours' notice of cancellation prior to the first practice of the season to be eligible for a full refund or credit. Cancellation notices received less than 72 hours in advance of the first class or practice will qualify for a 50% credit/refund. Cancellation notices received after the first practice do not qualify for a credit/refund.

Sports & Program Make-up Policy If the CORE cancels a program/games due to inclement weather for some other unforeseen reason, the CORE will do its best to offer a makeup date. If no make-up can be scheduled the program/games will stand as completed. The CORE does not issue credits or refunds when the participants miss games or programs due to personal reasons.

WAIVER I acknowledge that **the CORE** does not provide health or accident insurance for its programs and recognize that my child or I participate at our own risk. I agree that **the CORE** may photograph both me and my child, and **the CORE** may use those photographs for its marketing purposes. I release **the CORE** from any claim or liability related to that use; waive all claims for my/our heirs and assignees against the individual staff persons and **the CORE**.

Signature of Parent or Guardian _____ **Date** ____ / ____ / ____

For more information call 270-237-5704

Register online at www.thecoreofscottsville.org