



**KENT RECREATION &
PARKS PRESENTS...**

2018 Kickin' Kids Martial Arts Winter Session

Come learn the martial arts with Just for Kicks in
their new facility conveniently located in the plaza
across from the Kent Schools



Registration includes one or two lessons a week
for six weeks as well as a uniform to keep!



Along with personal fitness and martial arts skills,
this program promotes self discipline and personal
confidence with Just for Kicks' industry leading
character development curriculum

**DETAILED FLYER & REGISTRATION FORM CAN BE FOUND ON THE
FOLLOWING PAGES!**

845-531-2100

RECREATION@TOWNOFKENTNY.GOV

WWW.TOWNOFKENTNY.GOV/RECREATION

Louis M. Fernandez
Director of Recreation and Parks



Town of Kent Recreation and Parks Department
25 Sybil's Crossing Kent Lakes, NY 10512

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Kent Recreation and Just For Kicks Martial Arts Present:

2018 Winter Kickin' Kids

Martial Arts Program

Program Description:

This 6 week course is a basic introduction to the Martial Arts that also includes Just For Kick's industry leading character development curriculum. Classes will take place at Just For Kicks. Children will learn basic kicks, blocks, self-defense and much more. The program fee includes a uniform for the children to keep.

Age	<u>Day and Class Time</u> 3 – 4 year olds choose to attend 1 class per week. 5 years and older choose to attend 2 classes per week. (The class day(s) chosen must be attended through the length of the program)	Fee Payable to Just For Kicks Martial Arts:	Fee Payable to Kent Recreation:
		\$55 Per Child	\$15 Per Child
3 – 4 Year Olds	Tuesday @ 4:30pm; Thursday @ 4:30pm or @ Saturday 9:00am		
5 – 6 Year Olds	Monday @ 5:15pm; Tuesday @ 5:00pm; Wednesday @ 5:15pm; Thursday @ 5:00pm; Saturday @ 9:30am		
7 – 9 Year Olds	Monday @ 5:45pm; Tuesday @ 5:30pm; Wednesday @ 5:45pm; Thursday @ 5:30pm; Saturday @ 11:00am		
10 + Year Olds	Monday @ 4:30pm; Tuesday @ 7:15pm; Wednesday @ 4:30pm; Thursday @ 7:15pm; Saturday @ 11:00am		

Children must be the correct age by the start of the program

Classes are approximately 45 minutes in length

Program Dates: Classes begin the week of Monday, January 22

Program Location: Just For Kicks Martial Arts Center, 1100 Route 52, Carmel, NY 10512

For more information on Just for Kicks visit their website at <http://www.carmelkarate.net/>

Registration ends January 12!



Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

2018 Kickin' Kids Martial Arts Program Registration Form

Fill out form completely. Please print legibly!

Classes Begin the week of January 22		Fee Payable to <i>Just For Kicks Martial Arts</i>	Fee Payable to <i>Kent Recreation</i>
Age		\$55.00	\$15.00
3 – 4 year olds	<input type="checkbox"/> Choose One: <input type="checkbox"/> Tuesday @ 4:30pm <input type="checkbox"/> Thursday @ 4:30pm <input type="checkbox"/> Saturday @ 9:00am		
5 – 6 year olds	<input type="checkbox"/> Choose Two: <input type="checkbox"/> Monday @ 5:15pm <input type="checkbox"/> Tuesday @ 5:00pm <input type="checkbox"/> Wednesday @ 5:15pm <input type="checkbox"/> Thursday @ 5:00pm <input type="checkbox"/> Saturday @ 9:30am		
7 – 9 year olds	<input type="checkbox"/> Choose Two: <input type="checkbox"/> Monday @ 5:45pm <input type="checkbox"/> Tuesday @ 5:30pm <input type="checkbox"/> Wednesday @ 5:45pm <input type="checkbox"/> <input type="checkbox"/> Thursday @ 5:30pm <input type="checkbox"/> Saturday @ 11:00am		
10+ year olds	<input type="checkbox"/> Choose Two: <input type="checkbox"/> Monday @ 4:30pm <input type="checkbox"/> Tuesday @ 7:15pm <input type="checkbox"/> Wednesday @ 4:30pm <input type="checkbox"/> <input type="checkbox"/> Thursday @ 7:15pm <input type="checkbox"/> Saturday @ 11:00am		

PARTICIPANT INFORMATION

Participant's Last Name	Participant's First Name	MI	Birth Date	Age	Sex
					Male <input type="checkbox"/> Female <input type="checkbox"/>
Street Address	City	State	Zip Code		
E-Mail 1	E-Mail 2				

Does your child have any disabilities, allergies or special circumstances we should be aware of?

Yes ☐ No ☐

If yes, please explain:

PARENT/GUARDIAN INFORMATION

Father's Name	Mother's Name		
Home Phone	Cell Phone	Home Phone	Cell Phone

EMERGENCY CONTACT INFORMATION

In an emergency please contact:	Relationship to Child	Phone Number	2nd Phone Number

PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER AND WAIVER OF LIABILITY

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the martial arts program sponsored by The Kent Recreation Department. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date	Parent/Guardian Signature
	Parent/Guardian Print Name

OFFICE USE

Registration Date:	Registration Fee:	Check Number:	Receipt Number:
	\$ CASH \$ CHECK		