



Kent Recreation and Parks Department

770 Route 52, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

Find us on Facebook at townofkentrecreation

2014 Fall Kickn' Kids Martial Arts Program Registration Form

Fill out form completely. Please print legibly!

Program Dates: Wednesdays; October 15, 22, 29, November 5, 12, 19.

Classes run only on the listed designated dates and times. There are no make up classes for this program.

Age:	Fee Payable to Just For Kicks Martial Arts	Fee payable to Kent Recreation
Children 5 – 11 years old	\$55.00	\$15.00

Participant Information

Participant's Last Name:	First:	MI:	Birth Date:	Age:	Sex:
					Male <input type="checkbox"/> Female <input type="checkbox"/>

Street Address:	Home Phone Number:	Secondary Phone Number:

City:	State:	ZIP Code:	E-Mail	E-Mail 2

Shirt Size: Y A	Pant Size: Y A	Child's Height:	Child's Weight:	Does the child have any Martial Arts Experience?
S M L XL	S M L XL			Yes <input type="checkbox"/> No <input type="checkbox"/>

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 I/We cannot be reached please contact:	Relationship to Participant:	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 or Guardian Signature:
	Please Print Name:

Office Use

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: Kent Recreation	Check Number:	Receipt Number: