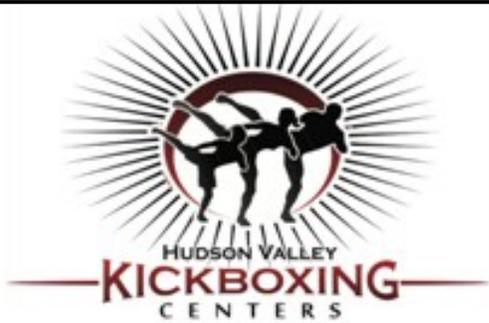


Town of Kent Recreation & Parks

★ 2016 Spring Kickin' Kids ★ Martial Arts



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

Registration includes one to 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 and registration form can be found on the following pages!

Louis M. Fernandez
Director of Recreation and Parks



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

Telephone: (845) 531-2100

Fax: (845) 225-5130

Email: recreation@townofkentny.gov

Webpage: www.townofkentny.gov

Kent Recreation and Just for Kicks Martial Arts Center Presents:

2016 Spring Kickin' Kids

Martial Arts Program

Program Description:

This 6 week course is a basic introduction to the Martial Arts that also includes Just for Kicks' 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 + | 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 approx. 45 minutes in length

Program Dates: Classes begin the week of Monday, April 4.

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

For more information on Just for Kicks Martial Arts visit their website at

<http://www.carmelkarate.net/>

Registration begins on Monday, February 29 at the Recreation Office

Registration ends March 25!



Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

Find us on Facebook at Kent NY Recreation & Parks

2016 Spring Kickin' Kids Martial Arts Program Registration Form

Fill out form completely. Please print legibly!

| | | | |
|--|--|---|---------------------------------------|
| Classes Begin the week of April 4 | | Fee Payable to Just For Kicks Martial Arts | Fee Payable to Kent Recreation |
| 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"/> 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"/> Thursday @ 7:15pm <input type="checkbox"/> Saturday @ 11:00am | | |

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 <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| 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: | Check Number: | Receipt Number: |
| | | | Kent Recreation | | |