

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

B.I.G. Kids Martial Arts

with UMAC of Carmel

Come learn the martial arts with UMAC of Carmel in
their fantastic and modern facility conveniently
located on Old Route 6.



Registration includes one Friday lesson 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 UMAC's tried and true
character development curriculum

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

845-531-2100

RECREATION@TOWNOFKENTNY.GOV

WWW.TOWNOFKENTNY.GOV/RECREATION

Jared Kuczenski
Acting Director of Recreation & Parks



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

Telephone: (845) 531-2100
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Email: recreation@townofkentny.gov
Webpage: www.townofkentny.gov

B.I.G. Kids Martial Arts with UMAC of Carmel Winter Session - 2020

Program Description:

This 6-week program gives children an introduction to the Martial Arts while also focusing on character building and social interaction with their peers. Classes will take place at UMAC's modern facility in Carmel on Friday evenings and will run from 30 to 45 minutes depending on age group. The program fee includes UMAC's expert instruction as well as a uniform for the children to keep.

AGE	TIME	CLASS LENGTH	Fee Payable to UMAC	Fee Payable to KENT REC
5 & 6 Year Olds	4:30p	30 Minutes	\$60 per child	\$15 per child
7 – 12 Year Olds	5:15p	45 Minutes	\$60 per child	\$15 per child

Children must be required age by first day of class

Classes capped & registrations taken first come, first served

Program Dates: Classes begin on **Friday, February 7th** and run on Fridays only for six straight weeks

Program Location: United Martial Arts Center - 114 Old Route 6 in Carmel

For more information on UMAC visit their website at www.umacnation.com

Registration ends Wednesday, January 29th!



Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

B.I.G. Kids Martial Arts Winter Session - 2020

Please fill out form completely and legibly.

Age Group	Time of Class		Gymnastic Fee (payable to UMAC)	Registration Fee (payable to Kent Recreation)
5 – 6 Year Olds <input type="checkbox"/>	4:30p to 5:00p	Child must be age by start of program	\$60.00	\$15.00
7 – 12 Year Olds <input type="checkbox"/>	5:15p to 6:00p		\$60.00	\$15.00

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 <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 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 gymnastic 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		

****Make \$15 checks payable to KENT RECREATION****

****Make \$60 checks payable to UMAC****

****Turn all checks in with registration form(s) to the Kent Recreation office****



UMAC
UNITED MARTIAL ARTS CENTERS

Participant Form

Parents Name: _____
Participant Name _____ D.O.B _____
Address _____ City _____
Zip _____ Cell _____
E-Mail _____

I understand that the instruction at United Martial Arts Centers involves some physical contact with the instructor or other members, which may at times result in accidental personal injury. I also understand that classes, practice sessions, parties, contests and special events involve hard physical exercise. I have knowledge of any physical conditions which would make me unable to participate in any of these sessions. I agree to waive claims against any persons and firms connected with training except in case of gross negligence for injuries I may sustain and likewise assume full responsibility for all my actions in connection with this training program.

Guardian Signature _____ Date _____

114 Old Route 6
Carmel, NY 10512
845-225-0008
carmelumac@gmail.com