

2017 Martial Arts and Dance program APPLICATION (sponsored by Town Of Webster Parks and Recreation Department)

Participant's Name _____ Date of Birth _____

Address _____ Town _____ ZIP _____

Home Phone # _____ Email _____ Cell # _____

Mother's Name _____ Father's Name _____

Alternate Emergency Contact _____ Phone # _____

Please describe any medical conditions we should be made aware of:

If yes, do you feel this condition could impair your child's ability to participate?

Which week/weeks will you attend? Circle:

Martial arts - \$155 per week Dance - \$155 per week

Martial Arts: 8am-2pm July 17th -21st and July 24th-28th

Dance: 8am-2pm July 17th -21st and July 24th-28th

Ages 5-12. Limited to the first 20 applicants

Amount Enclosed \$ _____ (circle one) Cash or Check # _____

Please make check payable to: Town of Webster Recreation Department, 350 Main Street. Webster, MA 01570

I understand and accept the condition that Guardian Self Defense cannot be held responsible for any accidents, medical or dental expenses incurred as a result of my child's participation in the above stated program. I acknowledge that the participant is in good health and is up to date on all necessary immunizations as determined by the state health department. The participant has also been seen by a physician within the past 1 year and is able to participate in physical activity. In the event of the participant needing medical care, I give my permission to allow the instructor to contact Emergency Medical Services and act as a temporary legal guardian until a parent or guardian arrives. I also give permission for the participant to take part in the Guardian Self Defense Summer Program and understand that photos may be taken of the participant and used for promotional and marketing purposes only.

Parent/Guardian _____ Date _____