



Deerfield Community Center
2017 Youth Karate

- New session starts July 10-August 28
- JOIN AT ANYTIME: PRO-RATE FEES (call DCC 764-5935 for price). Cost pro-rated cost per session \$10
- **8 week sessions. Class every Monday** starting July 10

- Registration Deadline: Discounted 8 week session fee due by April 28, 2017.
- Ages: Kindergarten-Middle School
- Time: 6:30 p.m. – 7:15 p.m. **Mondays**
- Location: DES Commons
- Fee: \$75/session (\$10 discount for new students)
- Instructor: Dana Paulli (Instructor from Star Studio based in Beloit. www.starstudiokarate.com)
- Star Studio Karate uniform required after a couple weeks in session. Cost of uniform is \$25 (payable to DCC). Instructor will size participant for uniform.
- Additional fees will need to be paid directly to Star Studios for testing between stripes and belt levels.
- **Discover the benefits of Karate! Programs provide a lot more than kicking and punching – curriculum includes courtesy, respect, self-discipline, focus, concentration, self-esteem, confidence, goal setting, leadership and more! Specially designed for beginning and continuing students ages 5 to 14 years! The class will improve your child’s basic motor skills, as well as their positive mentality. The combination of these skills will help your child enter society with a confident and enthusiastic outlook. Let us help enhance your child’s mental and physical development in a fun, positive, and motivating way!**

Participant's Name _____ Grade ____ Age _____ Gender _____
 Address _____ City _____ Zip _____
 Medical Information (Allergies, Asthma, etc.) _____
 Home Phone _____ Cell Phone _____ Email _____
 Uniform Needed _____ (check here) Uniform fee included _____ (check here)

Return form and Fees to:

Deerfield Community Center 3 W Deerfield St. or by mailing to PO Box 404, Deerfield, WI 53531

IMPORTANT

Please read and sign the following!, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC"), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth programs (the "Programs") and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release, discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life, limb or well being of my dependent

Printed Name of Parent/Legal Guardian _____ Signature and Date _____

Youth Participant Under 19: Concussion Participation Requirements

As the Parent/Guardian of a youth participant, I agree that by signing this form that I have read the Concussion Information Sheet available at www.DCCenter.org In addition, I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my child’s coach for my player to return to play.

Parent/Guardian Signature _____ Date _____