



Karate Lessons

Wednesdays: 11/9, 11/16, 11/23, 11/30, 12/7, 12/14
At Pereira's Academy of Karate, LLC

Bethany Parks and Recreation is partnering with Pereira's Academy of Karate to offer BCS students karate lessons after school! **Parks and Rec. will provide transportation to the Academy, located at 696 Amity Rd. in Bethany.** Parents will pick their child(ren) up at the Academy upon the conclusion of class at 4:30pm (a later pick up time may be possible ... please call us at 203-393-2100x127 to discuss).

Ed Pereira has personally trained for over 28 years, and holds 3 black belts in different arts. His highest rank is a 6th degree black belt in Tang Soo Do (the art he will teach during this program). Ed will be the instructor for our Wednesday classes.

Cost: \$65 per participant for this 6-week program
Included in this cost is a uniform for each new participant.

By completing and signing the form below, you are granting Parks and Rec. the permission to transport your child(ren) via van to Pereira's Academy of Karate, LLC.

Checks can be made payable to Bethany Parks and Recreation. **We are unable to accept same-day registrations.**
Please send a note to school letting them know your child will be participating in our program.

PROGRAM REGISTRATION

First Name _____ Last Name _____
Address _____ Email address _____
Telephone _____ Age _____ Grade _____ Teacher _____

Emergency Contact: Name: _____ **Phone:** _____

Any special concerns, needs or medical such as allergies, asthma, etc. ___yes___no.
If yes please explain:

WAIVER OF TOWN LIABILITY:
Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to myself or my family member, I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily.

SIGNATURE: _____ **Date** _____
(parent/guardian)