



# Karate Lessons

Wednesdays: 4/26, 5/3, 5/10, 5/17, 5/24, 5/31

**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 6<sup>th</sup> 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.

**APRIL-MAY KARATE 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:

For office use only:

Pmt Type: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Rec'd: \_\_\_\_\_

**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:**  
(parent/guardian)

Date