

# Marietta Martial Arts After School Karate



Classes held at **Sedalia Park Elementary**

**Days:** Wednesdays

(Begins: 8/22/18 - Graduation: 12/5/18)\*

**Times:** 2:45 - 3:30 pm (K-5th)

**Program fee:** \$199.00 per student  
(includes T-Shirt, martial art belt, and belt graduation)

*Checks payable to: Marietta Martial Arts*

## Registration & Payment Methods:

Online: Register at:

[www.MariettaMartialArts.com](http://www.MariettaMartialArts.com)

By Mail: Mail this form and payment to:

Marietta Martial Arts  
2145 Roswell Rd #200  
Marietta, GA 30062

*Payment Plans  
Available!  
Call for more  
information!*

## Why choose Marietta Martial Arts **Karate** **Class?**

- Learn Future Black Belt Behavior!!
- Earn next belt at Belt Graduation

*\*No Class on Early  
Release Date:  
**Aug 29th***

Contact: **770-321-1371** or [info@mariettamartialarts.com](mailto:info@mariettamartialarts.com)

**Safety Policy 1** - Student must register one week prior to taking their first class

**Safety Policy 2** - All After School Karate students must also register for their school's ASP (separate registration)

## Sedalia Park Enrichment Karate Registration

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Sibling's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: (c) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ (h) \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ (phone) \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Y-SM \_\_\_\_\_ Y-Med \_\_\_\_\_ Y-Large \_\_\_\_\_ A-SM

After Martial Arts class, my child will be: \_\_\_\_\_ Attending ASP or \_\_\_\_\_ Picked up at car pool \*

I have read and understand the **Student Safety Policies** outlined above. Parent Initials \_\_\_\_\_

In consideration for my attendance and participation in this martial arts training, I, the student/parent, acknowledge the existence of certain inherent risks in this type of physical training and hereby agree to assume all risks. I further relieve Marietta Martial Arts, its managements, staff, instructors and fellow students, from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the student(s) named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. I understand there is no refund on any monies paid to Marietta Martial Arts after 2 classes.

\_\_\_\_ Rec'd \_\_\_\_\_ Called  
\_\_\_\_ Amt \_\_\_\_\_ Roster  
\_\_\_\_ Ch # \_\_\_\_\_ MC  
\_\_\_\_ VB

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_