

FRANKLIN KARATE PROGRAM
150 Emmons St. Franklin, MA

Student's Name: _____ Age: _____ Height/Weight: _____

Parent's or Guardian's Name: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____

Email: _____

1. Please choose a program. Classes are divided by age group & meet at the Franklin Community Center.

_____ **Kids, Wednesdays, 5:00 – 6:00pm Group Class 6- Week Session. Fee: \$65.00**

_____ Interested in a **6-week** private lesson package? Schedule a weekly time with the instructor. First come, first served basis. **Fee: \$110.00 (group classes are included)**

_____ **Adults, Wednesdays, 6:30 –7:30pm Group Class 6- Week Session. Fee: \$65.00**

2. Would you like to order a uniform? Yes _____ **Fee: \$25 for uniform & belt (optional & non-refundable)**

\$_____ Total Payment

Please make checks payable to: **Masters Self Defense Centers**. Payment is due before or on the first class.

PLEASE NOTE: Refunds for any class sessions are not available after attending 2 classes. Missed classes are not eligible for a make up unless the instructor requests a reschedule.

Do you or have you had any physical or mental disability that might need special attention by the instructor?

Yes _____ No _____ if yes, please mention: _____

In consideration of your acceptance of my entry, I do hereby for myself my heirs, executors and administrators, waive, release and discharge James Bryant, Lora Lyons and / or MASTERS SELF DEFENSE CENTERS and /or its departments, officers, agents, representatives, successors and / or assigns and against any participants for any and all damages which may be sustained by me in connection with my association with or entry in the athletic meet, or which may arise out of my traveling to, participating in, or returning from said athletic event.

PARENT OR GUARDIAN

DATE

Questions: Call 781-583-1741 or email: questions@masterscenters.com