

Fall 2019 KARATE CLASS
THE SAGE MARTIAL ARTS
 FULL FALL SESSION (10 Weeks each)

PROGRAM FEE:	CASH ()
CHECK#	CREDIT CARD ()
DATE PAID	TAKEN BY

REQUIRED INFORMATION**

FIRST NAME** _____
LAST NAME** _____
****PARENT/GUARDIAN FIRST NAME** _____
****PARENT/GUARDIAN LAST NAME** _____
****E-MAIL ADDRESS:** _____
MAILING ADDRESS: _____
CITY /STATE / ZIP: _____ / _____ / _____
****TELEPHONE (DAY/MOBILE)** _____

****GENERAL RELEASE:** The undersigned hereby releases the Boys & Girls Club of Northern Westchester, employees and volunteers should an accident or injury occur to the below mentioned child(ren) of any responsibility as a result of an activity sponsored by the Boys & Girls Club of Northern Westchester

****PARTICIPANT SIGNATURE FOR RELEASE ABOVE:** _____ **DATE SIGNED:** _____

****PARENT/GUARDIAN SIGNATURE FOR RELEASE ABOVE:** _____ **DATE SIGNED:** _____

SESSIONS (CHECK)
SATURDAY 8:00AM - 8:45AM ()
SATURDAY 9:00AM - 9:45AM ()

Register on line, mail in this Registration Form With Payment of Check to BGCNW or Credit Card with number below. Register in person if payment is cash

_____ / _____ / _____
NAME ON CREDIT CARD _____ **CREDIT CARD NUMBER** _____ **EXPIRATION DATE** _____ **CVV#** _____