합기도

KARATE
With
MR. AJ

WOODLAKE ELEMENTARY SCHOOL

This class is open to all students!

Join Mr. AJ for a fabulous Martial Arts experience where your children will gain Self Confidence, learn the building blocks for Self Discipline and Self Motivation while building a strong foundation for respect and discipline through Martial Arts and while having a great time in a fun and safe atmosphere. This program has been tailored to develop children's motor skills, balance, coordination and focus. Mr. AJ is a Third Degree Black Belt in Hapkido Blend and a Second Degree Black Belt in Tong Su Do. He has been involved in the Martial Arts world for over 18 years and has been teaching for over six years. In Karate class we will:

KICK PUNCH BLOCK JUMP ROLL

- **Each Session: $140** **Karate Uniform (required): $25**
- **Session 1: Jan. 20th - Mar. 23rd** **Time: 2:30 – 3:30 Fridays**
- **For More Information: (818) 259-0768 or Blackbeltx02@gmail.com**
- **Complete and return registration and payment (on or before Jan. 20th) to:**
  AJ Iannolo P.O. Box 4072 West Hills, CA 91308

Child's Name: _____ Date of Birth: _____/_____/_____

Allergies, medical conditions or special concerns: _____

Parent/Guardian Information:

Name:_____ Home #:_____Cell#:_____

Address:_____ Work#:_____

City/State/Zip:_____ E-mail:_____

Emergency Contact:_____ Relationship: _____ Phone #:_____

MEDICAL CONSENT & RELEASE OF LIABILITY: In case of emergency, I authorize AJ Iannolo and staff and Woodlake Elementaryto obtain whatever medical treatment deemed necessary for the welfare of my child. I further understand and agree that I may be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance covers such charges and fees. I hereby give consent for my child to participate in the activities with AJ Iannolo and staff and Woodlake Elementary. I release AJ Iannolo and staff and Woodlake Elementary from any liability for injuries that may be incurred by my child in the activities sponsored by Woodlake Elementary and AJ Iannolo and staff as well as any medical treatment obtained for my child. I have read and understood the conditions of this Medical Consent & Release of Liability. There is no credit or refunds for unused/missed classes.

Parent/Guardian Signature_____ Date____/____/____