



**COLEBROOK KARATE PROGRAM**  
**ENROLLMENT SLIP/STUDENT INFORMATION**  
 2017-2018 enrollment form

Please check off the following: (write name of child, birthday (month/day only), and grade next to the class you are enrolling your child in)

\_\_\_\_\_ Kickin' Kids (grades 2-4) 5:30- 6:10 p.m. Wednesdays at Colebrook School  
 # of students \_\_\_\_\_

\_\_\_\_\_ Little Ninjas (Kindergarten – grade 1) 6:15 – 6:55 p.m. Wednesdays at Colebrook School  
 # of students \_\_\_\_\_

\_\_\_\_\_ Adult Youth/Family class 7 – 8:15 p.m. Wednesdays at Colebrook School  
 # of students \_\_\_\_\_

Parent/guardian's name(s): \_\_\_\_\_

Home address: \_\_\_\_\_

Mailing address: (if different than above): \_\_\_\_\_

Home phone number: \_\_\_\_\_ Parent/guardian work # \_\_\_\_\_

Cell phone number or other: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency contact name and phone number: \_\_\_\_\_

Child's medications/allergies/things instructor should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who referred you to this program?/How did you hear about this program? \_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM AS WELL**

---

# PLEASE COMPLETE THE OTHER SIDE OF THIS FORM AS WELL

## Colebrook Karate Hold Harmless Agreement:

I hereby give permission for my child/children, \_\_\_\_\_,

(state full name(s) here)

to attend the Colebrook Parks and Recreation Department sponsored Karate program for the following sessions: **(Initial and date the current session your child/children is/are enrolled in)**

Fall (Oct.-Dec)

Winter (Jan-Feb)

Spring (Mar-Apr)

May session

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I will hold harmless Colebrook Consolidated School, Colebrook Parks and Recreation Department, Master Janak, Jeongshin Tang Soo Do, Colebrook Karate, Northwest Karate, LLC, its agents, directors, employees, teachers, school and school officials for any financial liability or obligation which my child personally incurs, or injury or damage to the person or property of others which my child/children cause(s) or contribute(s) to while participating in the Colebrook karate program.

I understand that my child/children is/are responsible for exercising caution and common sense at all times to avoid injuries. I will carry health and life insurance to cover injury or illness while participating in the Colebrook karate program.

\_\_\_\_\_  
Name of parent(s)

\_\_\_\_\_  
Signature of parent(s)

\_\_\_\_\_  
Date

\*If parent is enrolling in karate class as well as his/her children, then signing the above constitutes acceptance of this agreement for you and your child/children.

---