

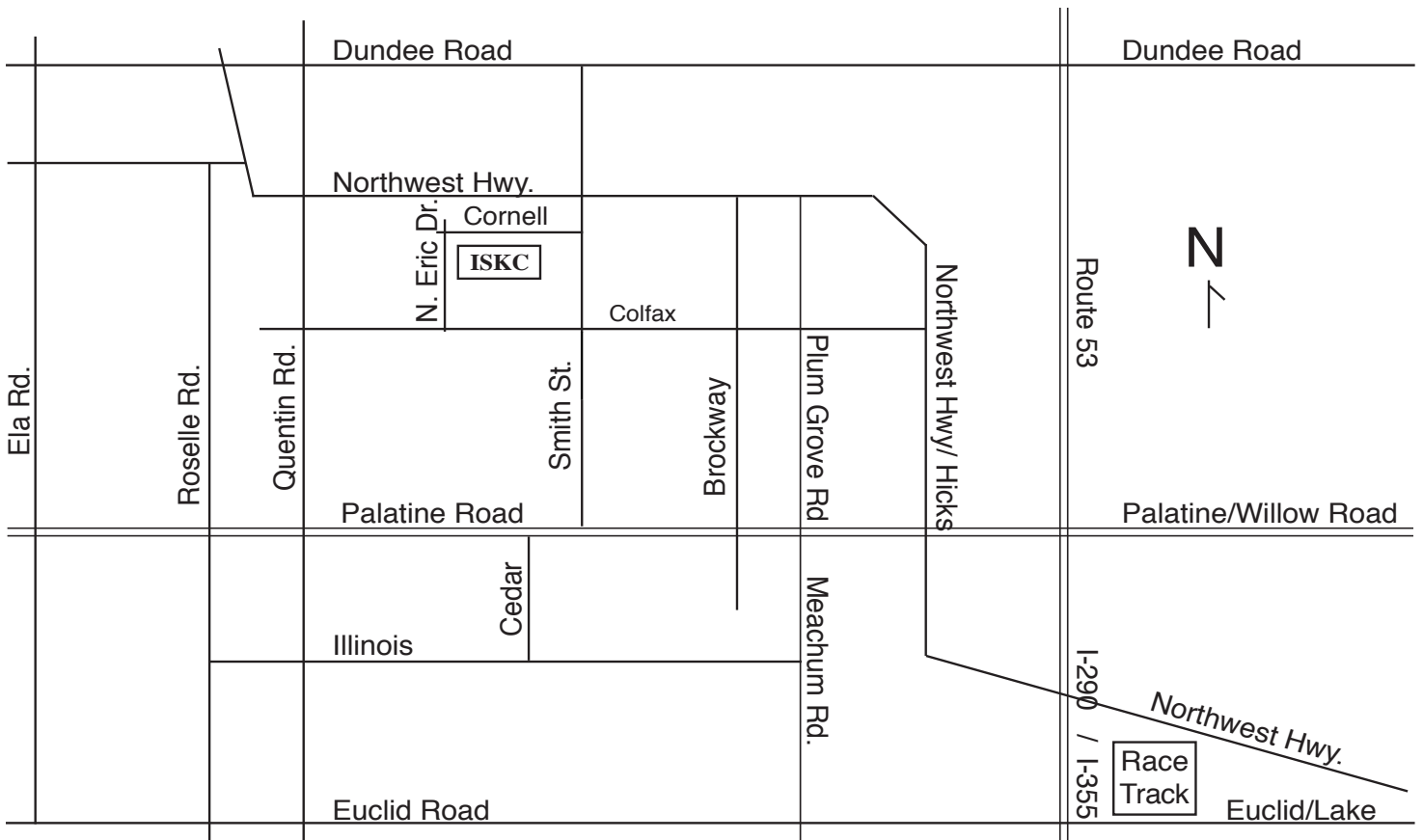
ISKC DOJO KARATE CLUB

FALL 2023 SESSION

Listed below are the days and times for the ISKC Dojo Karate Classes. This sign-up form is for non-residents of Palatine, Rolling Meadows or Salt Creek. If you are a resident of the Palatine, Rolling Meadows or Salt Creek Park Districts, you should register through your park district!

Fill out the attached form and mail it to the ISKC Office, 327 N. Eric Drive, Palatine, IL 60067. Make check payable to: Illinois Shotokan Karate Clubs. For further info or any other questions you may have, please contact the karate office at 847/359-0666, Monday thru Friday, 9 am - 4 pm. Please register at least 3 days prior to the first class! If you register on the day of class or after class has started you must give the instructor a copy of your dated paid receipt for admittance to class.

<u>Day & Dates:</u>	<u>Location:</u>	<u>Class Times:</u>	<u>Description:</u>	<u>Code:</u>
TUESDAY:	ISKC Dojo	6:30 - 7:45 pm	Youth/Adult Adv. (Brown/ Black) 10-16 yrs.	ISKC1
SEPT. 5 -	327 N. Eric Drive	8:00 - 9:15 pm	Youth/Adult Adv.+ (Black belts) 17 yrs. & up	ISKC2
DEC. 19	Palatine, IL			
(No Class: Sept.19)	\$233 (15 wks.)			
SATURDAY:	ISKC Dojo	9:00 - 9:45 am	Pre-Karate Beg./Cont. (White belts) 4-6 yrs.	PS1
SEPT. 9 -	327 N. Eric Drive	10:00 - 11:00 am	Youth/P/C Beg. (White belts) 7 yrs. & up	PS2
DEC. 23	Palatine, IL	11:10 - 12:10 pm	Youth/P/C Cont. (White w/strps. & Red belts)	PS3
(No Class: Sept. 23)	\$203 (15 wks.)	12:20 - 1:20 pm	Youth/P/C Nov. (Orange - Blue belts)	PS4
		1:30 - 2:30 pm	Youth/P/C Int. (Green & Purple belts)	PS5
		2:30 - 3:30 pm	Youth/P/C Adv. (Brown & Black belts)	PS6





ISKC DOJO

Program Registration Form

FALL 2023

Last Name _____ Phone # (home) _____

Address _____ Cell # _____

City _____ State _____ Zip _____

E-mail address _____
 (PLEASE PRINT CLEARLY)

Students' Name	Age	Birth Date	Sex M/F	Grade Level	Program Title	Class Code	Fee

WAIVER & RELEASE OF ALL CLAIMS

PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN SIGNING UP AND PARTICIPATING IN THIS PROGRAM YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MIGHT SUSTAIN ARISING OUT OF THIS PROGRAM.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including damages or loss which I may sustain as a result of participating in any and all activities connected with such program."

"I agree to waive and relinquish all claims I may have as a result of participating in the program against the park district and its officers, agents, servants and employees."

"I do herebyfully release and discharge the park district and its officers, agents, servants and employees from any and all claims from injuries, including damage or loss which I may have or which may occur to me on account of my participation in the program."

"I further agree to indemnify and hold harmless and defend the park district and its officers, agents, servants and employees from any and all claims resulting from injuries, including damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program."

"In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered."

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

Signature required of all members 18 years or older, parent or guardian signature for those under 18 years.

Signature: _____ Signature: _____

Date: _____ Date: _____