

PELHAM PARKS AND RECREATION

6 Village Green, Pelham, NH 03076

Phone: 603-635-2721 Email: recreation@pelhamweb.com Fax: 603-508-3094

Try an introductory

KARATE PROGRAM FOR AGES 4-9

Beginning Tuesday March 12th through April 2nd

Participant Release Form

Participant Name: _____ DOB: _____ Age: _____ M / F

Address: _____ Telephone: _____

Parent(s) name(s): _____ Cellphone: _____

Email address: _____

This is a recreation level Martial arts karate program involving a high level of physical activity. **The program will take place on (4) Tuesdays from 5:00-5:30pm at the Family Martial Arts, 122 Bridge St., Pelham, NH for boys and girls. Space is limited.**

Children may be offered a discount for enrollment in the studio after the completion of this program from the studio itself.

Martial arts and/or karate may pose a variety of risks to the children participating as a result of contact with the other players, equipment and the strenuous level of activity. These risks include but are not limited to bumps, bruises, cuts, abrasions, broken bones, concussions, heart attacks and even death.

Because of the inherent risks and extensive physical activity involved in the sport of martial arts, we advise that all children participating be in good physical condition. Any limitations regarding their physical capabilities should be made known to the Pelham Parks and Recreation Department and Family Martial Art Studio.

Participants should wear comfortable soft loose clothing, socks, and sneakers. No prior knowledge or skills are required in order to take part in this program. Students will be introduced to the basics of martial arts with instruction in proper use and techniques.

Please list any physical or other condition, medications the participant is taking, dietary restrictions, allergies, or other information which may be necessary and helpful to insure participants' health and safety:

I have read and understand the information provided above. I have noted any physical or medical conditions the participant has which might affect his/her participation. He/she meets the standards required for participation and will have the necessary equipment, if needed, which will be in good working condition. I assume all of the risks normally incidental to the nature of this activity, including risks which are not specifically foreseeable. I will follow the rules and regulations provided by the activity leaders/coaches/supervisors.

I, the undersigned, hereby agree to release, indemnify, save and hold harmless the Town of Pelham, the Parks and Recreation Dept., its employees, agents, representatives, coaches, volunteers, from any and all liability, actions, causes of actions, debts, claims or demands of any kind for property damage or personal injury resulting from failure to obey safety regulations and directions of the activity leader or resulting from the exercise of judgment by the leader in good faith response to emergencies and exigencies which occur during the activity; provided, however, that nothing contained herein shall excuse any of the leaders to act with reasonable care for the safety of the participant during the course of the activity appropriate to the circumstance.

You have my permission to have a physician attend to my son/daughter, if it is deemed necessary, during his/her participation in the above activity. I give my permission for any videotaping or other photographs taken in which my child/ren may appear and understand that Pelham Parks and Recreation may remove any child from the program as it deems necessary concerning the zero-tolerance policy of inappropriate behavior.

Executed this _____ day of _____, 20____.

Parent/guardian signature

In case of emergency and the parents/guardians cannot be reached, please contact:

Name: _____ Relation _____

Town/City/State _____ Telephone _____

COST OF PROGRAM: \$25.00; Checks payable to Town of Pelham