

OLV Martial Arts Club

STRENGTH. SPEED. SELF-DEFENSE!

Our Lady of Victory School's after-school martial arts program returns!

4th Degree black belt Andrew Harrison will be teaching Tae Kwon Do and Karate classes at Our Lady of Victory. Martial arts teach students self-defense skills, improve their physical and mental strength, and create more polite, more respectful, and more confident individuals.

TKD/Karate is open to students in grades 4-8.

Open classes meet 3:30-4:30 PM on Wednesdays and Fridays.

Upper belt class meets 5:00-6:00 PM on Mondays.

Cost: -\$240 for ten weeks for upper belts

-\$160 for ten weeks for lower belts

-One-time uniform fee of \$50 for new students

PLEASE MAKE CHECKS PAYABLE TO Our Lady of Victory School

REGISTRATION FORM

Name _____ Grade _____

Address _____ City/State _____ ZIP _____

Phone _____ E-mail _____ Birthday ___/___/___

Parent Names _____

Emergency Contact _____ Phone _____

After class: Please send my child to Extended Day Program

I will meet my child after class (or person authorized for pickup)

*Student must be picked up promptly at end of class.

Medical History

The study of martial arts is a physical, primarily anaerobic, contact activity. Please list below any health condition (asthma, heart disease, recent major surgery, etc.) the student has that might affect training.

If the student has any allergies, please list them below:

Waiver

I, the undersigned, understand that martial arts is a contact activity that could potentially result in injury to my child. By my signature below, I certify that I will not hold Andrew J. Harrison, Our Lady of Victory Catholic School, the Archdiocese of Washington, or any affiliate, officer, agent, or employee thereof liable for any injury or negative health condition, up to and including death, sustained in or resulting from the course of class, demonstrations, promotional examinations, and/or contests. I further attest that I am aware of the procedures of class and agree to my child participating in all activities of class that the instructor may prescribe.

I understand that the instructor is not responsible for observing any health condition my student has that I have not listed above. In addition, I grant Andrew J. Harrison or any affiliate of Our Lady of Victory Catholic School permission to perform First Aid and/or call for emergency medical assistance for my child if they deem it necessary, and agree to pay all applicable charges for emergency medical assistance of my child.

Student Name

Parent/Guardian Signature

Date