

2017-2018 SCS Martial Arts Class

by National Karate Schools

200 N. Roselle Road
Schaumburg, IL 60194
847-885-3230

Registration Information:

Student's Name: _____

Parents'/Guardians' Names: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Grade: _____ Birthday: _____ SCS Teacher: _____

Referred by: _____

Tuition costs are per Trimester (*School year semesters are Sept-Dec and Jan-May.*)

Select Number of Students and Training Option (*Training Options: Includes **TWO** 45-minute class periods per week*)

One Student

- _____ 1st Semester (September – December) \$200
- _____ 2nd Semester (January – May) \$200
- _____ Full Year (September – May) \$400

Two or More Sibling Students (10% Discount)

- _____ 1st Semester (September – December) \$180 each
- _____ 2nd Semester (January – May) \$180 each
- _____ Full Year (September – May) \$360 each

Total Cost of Tuition (*Tuition will be invoiced to your child's Smart Tuition account.*): _____

Select Training Schedule

- _____ Beginner and Gold Belts – Mondays and Thursdays
- _____ Green Belts and Higher – Tuesdays and Fridays

Practice at Your Own Risk!

All Participants under 18 years of age must have a parent/guardian's signature.

The martial arts are physical in nature and the practice of such art can result in injury. Therefore, participants should practice at their own risk and expressly agree that National Karate or WCNK, Inc., Shall not be liable for any claims, injuries, damages, or actions whatsoever to you or your property arising out of the practice of martial arts or connected use of any of the services and facilities to the institute, and participant does hereby expressly release and discharged National Karate, or WCNK, Inc., from all such claims, injuries, damages or causes of action and from all acts of active or passive negligence on the part of the institute, its servants, agents, employees, and students. The participant takes full responsibility of their actions and hereby certifies they are mentally and physically fit to participate in martial arts work outs. I give permission for student photos to be posted on National Karate social media and company website photo albums.

Parent or Guardian Name: _____ Date: _____

(By typing your name on this line you are acknowledging that you are the parent/guardian and approve the information on this form.)