

See What KARATE Is Really About

To Register Your Child.

Mail registration form to:
Washington Shotokan Association

12754 Bel-Red Road
Bellevue, WA 98005

OR

Show up 10 minutes before your child's first class with registration and payment.

To continue **AFTER** Youth Beginner Special

- 1) No need to re-register - Automatic Registration!
- 2) \$52.00 - monthly rate for 1 child
\$93.00 - monthly rate for 2 children
\$127.00 - monthly rate - 3 or more
- 3) \$40.00 - WSA Joining Membership Fee
(only applicable - if continuing AFTER Youth Beginner Special)

What Makes Washington Shotokan Association the Best for Your Child?



Washington Shotokan Association is a non-profit organization and has been teaching children and adults Karate for over 35 years. All W.S.A. Black Belts volunteer their skill and teaching because they love the art of Karate, the children's progress and the excellence of this NON PROFIT environment. W.S.A., with it's non-violent karate philosophy will only bring out the best in your child. W.S.A. also has adult classes at their main school (dojo).

Phone: 425-454-6633 Fax: 425-454-8574
Website: www.washotokan.com E-mail: adsensei@esc.com

Make check payable to: **WSA**

ENCLOSED: **\$67.00** for 4 weeks of Karate Lessons and Complete Official Karate Uniform

Please indicate chosen location & class:

- Youth Beginner
- Kinderkarate
- North Bend
- Snoqualmie
- Pine Lake

Washington Shotokan Registration Form

LAST NAME	FIRST	MIDDLE	AGE	DATE OF BIRTH	SEX
MAILING ADDRESS		CITY	ZIP CODE	HOME PHONE	
PERSON TO CONTACT IN CASE OF EMERGENCY			PHONE NUMBER		
PHYSICIANS NAME		PHYSICIANS ADDRESS		PHYSICIANS PHONE NUMBER	
MEDICAL INSURANCE COVERAGE COMPANY			POLICY NUMBER		
LIST HANDICAPS, INJURIES, ALLERGIES OR OTHER IMPAIRMENTS WHICH LIMIT FULL PARTICIPATION					

WAIVER: Important - read before you sign

In recognition of the fact that during the practice of martial arts or any other physical activity/class, the participant may be exposed to the potential of injury. The undersigned member and parents of any minor, hereby waive and release Washington Shotokan Association, its officers, directors, instructors, and members from any responsibility or claims for any injury sustained by the undersigned in any practice or activities involving the Washington Shotokan Association. I understand that monthly dues are not prorated and that makeup classes are available for my child at other times and locations. I also understand that since there is no contract - that I will send a 30 day WRITTEN NOTICE or EMAIL should my child decide to terminate lessons or become inactive for a period over one month or more.

**** 30 day Written Notice or E-mail - NOT REQUIRED if attending only for the Youth Summer Special!**

X

Signature of Student's Parent or Legal Guardian

Date