



### 2011 MOON PARKS AND RECREATION KARATE REGISTRATION

Moon Parks & Recreation is excited to offer a Karate Class for kids and adults (Ages 6 and up). A unique karate system tied together to cover all ranges of Self-Defense. The classes are led by Ken Wolf along with his experienced instructors who hold black belts in Okinawan Kenpo & Wa Shu Do Mudokwan, as well as experience in Law Enforcement and Tournaments. The Classes will be held on Monday & Wednesday evenings at 6:00 PM (Beginners) & 7:00 PM (Advanced) at the Moon Area High School Wrestling Room.

**ALL fees are per month.**

If students pay for 3 full months in advance, they will receive a FREE uniform.

Moon/Crescent Residents	Non-Residents
\$45.00 _____ (1st Participant in family)	\$55.00 _____ (1st Participant in family)
\$35.00 _____ (2nd Participant in family)	\$45.00 _____ (2nd Participant in family)
\$25.00 _____ (each additional family member)	\$35.00 _____ (each additional family member)

Please detach registration form and turn in at sign-ups or send by mail.

**Moon Parks and Recreation, Attn: Karate, 1000 Beaver Grade Road, Moon Township, PA 15108**

For more information or questions, please contact 412-262-1703 or email at [info@moonparks.org](mailto:info@moonparks.org).

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#### MOON PARKS AND RECREATION KARATE REGISTRATION FORM – PLEASE PRINT

PLAYER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PAYMENT OPTIONS: IN-PERSON \_\_\_\_\_ MAIL \_\_\_\_\_ CREDIT CARD \_\_\_\_\_ (Amex, Visa or MC)

MEDICAL CONDITIONS/SPECIAL NEEDS:  
\_\_\_\_\_

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**\*\* A COPY OF PARTICIPANT'S BIRTH CERTIFICATE IS REQUIRED TO PARTICIPATE \*\***

RELEASE FORM MUST BE SIGNED BY PARENT OR GUARDIAN FOR CHILD TO PARTICIPATE

I/WE hereby do indemnify and hold harmless Moon Parks and Recreation, including any of its' officials, supervisors, instructors or participants, for any injury to my child, even that caused by negligence of a player, coach, official, etc. as numerated above, be that in the program facility or in transportation to and from an activity. I further understand that there is no insurance other than that which I, myself, carry on my ward

PRINT PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

ALTERNATE CONTACT NAME/NUMBER \_\_\_\_\_

PARENT EMAIL \_\_\_\_\_

**\* Email is preferred for the most accurate and up-to-date changes and cancellations.\***