

Hickey Karate Center

Little Tigers Pre-school Program Registration

Please complete form and bring it with you to the first class.

Student Name: _____

Date of Birth: _____

Parent(s) Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Program participant acknowledges the existence of the potential for personal injury when participating in a course of instruction in activities such as Karate, Judo, Aikido, Kobudo and other martial arts, and that he or she is assuming this risk without liability to the Hickey Karate Center, its instructors, agents or staff by executing this agreement and participating in said course of instruction.

Hickey Karate Center

Parent/Guardian

Date

Send completed registration & check payable to:

Hickey Karate Center
4540 Stow Road ♦ Stow, Ohio 44224
website: <http://www.hickeykaratecenter.com/>
email: <mailto:Hanshi@hickeykaratecenter.com>

HOW DID YOU HEAR ABOUT US?

____ Friend (if yes) please let us know who? _____

____ Newspaper (if yes) which one? _____

Makeup classes are not available. Pricing allows for vacations, other activities and so forth. There will be a \$15 service charge for all lesson cancellations prior to the start of the first class. Refunds after the first class will not be available.