



# KAJUKENBO

***The City of Newman Recreation Department***

*Is pleased to present and sponsor*

***Fighting Dragons Martial Arts***

**Ages 5 and up**

**Fee:** \$10.00 (Annual non-refundable fee\*)

**Additional:** \$10.00 fee for participants residing outside the Newman Crows Landing School District

(\*Must remain an active participant ~ Must attend one practice per month)

**Tuesday & Thursday Nights**

**Beginner Class:** 6:00 p.m. To 6:50 p.m.

**Intermediate Class:** 7:00 p.m. To 8:00 p.m.

**Advanced Class:** 8:00 p.m. to 9:00 p.m.

**Where:** Louis J. Newman Memorial Building  
649 Orestimba Road Newman, CA 95360

**Instructors:** Sifu Don Alves & Sifu Bill Davis

Participants must register at the Recreation Department prior to attending first class.

**Location:** 831 Hardin Road 862-4440

**Open:** Monday thru Friday

**Hours:** 2:30 pm to 6:00 pm

**KAJUKENBO  
REGISTRATION CONTRACT**

<b>For Office Use Only:</b>
Amount Paid: _____
Cash: _____ Check #: _____
Initials: _____

*Please Print*

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Parent or Legal Guardian's Name: \_\_\_\_\_

May we contact you at work?  Yes  No Work Phone Number: \_\_\_\_\_

List any medical/physical condition that your child has that we need to be aware of:

\_\_\_\_\_

During your child's participation in this activity, will he/she need use of an inhaler or other medically necessary medications?  Yes  No (If yes, you must fill out a Parental Consent form for Self Administration of Medicine when you register.)

Emergency Contact Name (Other than self): \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**CONSENT OF WAIVER FOR PARTICIPANT:** Permission to participate in the above program sponsored by the City of Newman is given for me and/or my minor child. I understand that the City of Newman carries no medical insurance for any of its programs or activities. I hereby agree to indemnify and hold harmless and release the city of Newman and the Newman/Crows Landing School District, its agents and employees, from any risk and all liability for any injury suffered by myself or my minor child rising from or connected with this program and I will assume all risk for any injuries. I understand that a physician's clearance is recommended prior to participation. I hereby authorize Newman Recreation Department or its volunteers to seek medical treatment if my child becomes injured or ill.

**I also understand that: NO REFUNDS WILL BE ISSUED.**

**I understand that there is a \$20 service charge on all returned checks. This fee as well as all original charges must be paid in cash at City Hall before my child/self will be allowed to participate.**

I understand that my child/self must attend class on a regular basis in order to remain active. If my child/self misses 8 consecutive classes (unexcused) I/he/she will be considered inactive and must reregister with the Recreation Department before attending any classes. I understand that I must notify the instructor in case of an absence.

I also understand that I must get my child to class on time and pick them up on time. I understand that this is my responsibility not the instructor's or staff's responsibility.

I agree to conduct myself in a sportsmanlike manner at all times. I understand that this is expected of participants, parents, and other family members or friends and that the Recreation Department staff has the authority to remove anyone violating this stipulation without discussion.

I certify that I have read this contract, understand its provisions, and that the information is accurate.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

Email Address: \_\_\_\_\_  
(Only if you would like to receive information via email about upcoming events or programs.)