



Karate Enrollment Application

Application must be completed and returned to Proehlfic Park prior to first meeting of program.

Adult Classes are Wednesday Nights (6:30 – 8:00 pm) & Saturday Mornings (10:00 – 11:30 am)

Adult Fees = \$55 for members/\$60 for non-members per month (for 1 or 2 days/week)

Youth Classes (Ages 7 – 16) are Wednesday Nights (5:30 – 6:30 pm) and Saturday Mornings (9:00 – 10:00 am)

Youth Fees = \$50 for members/\$55 for non-members per month (for 1 or 2 days/week)

Name: _____ Age: _____ Gender: M / F
Parent or Guardian Names if Minor: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____ Cell Phone#: _____
Email Address: _____ Do you want to receive promotional emails? Y/N
1st Emergency Contact: _____ Phone#: _____ Relationship: _____
2nd Emergency Contact: _____ Phone#: _____ Relationship: _____

Check # _____ (if paying by check, monthly amount will be deducted from Checking Account)

Credit Card Type: _____ CC# _____ Credit Card Expiration Date: _____

*Fees will be drafted from either checking account or credit card each month on or before the 1st.

** Uniform fees paid directly to Mike Cohen

Waiver of Liability

It is understood that the use of the facilities and or the participation in sports activities at Proehlfic Park may involve the risk of serious injury or death. I expressly agree that all such activities and or the use of the facilities shall be undertaken at my own risk. I represent that I am or my minor child is physically able to undertake all physical activities provided by Proehlfic Park. In consideration of above minor participant being permitted to participate in Proehlfic Park and in activities at the park, the undersigned parent(s) or guardian, on behalf of the parent, parent's heirs, parent's personal representatives or assigns, do hereby forever release, waive, discharge and covenant not to sue Proehlfic Park (including its officers, directors, employees, affiliates, independent contractors, coaches, and volunteers) from liability for any and all claims, demands, injuries, actions, active or passive negligence or other causes or actions whatsoever arising out of or connected with the use of any of the services or facilities provided by Proehlfic Park that the parent/guardian might have arising from injury or loss to said minor, whether due to the negligence of Proehlfic Park or otherwise. Proehlfic Park shall not be liable for any such claims. Participant's parent, participant's legal guardian, or I hereby consent and affirm the foregoing Liability Waiver on behalf of participant, participant's family and all other parties stated. By affirming and consenting to the liability waiver of risk agreement, it is my intention that terms of the document by and through my consent are as effective as if the participant were an adult rather than a minor. In the event of a medical emergency; I authorize Proehlfic Park employees to take the necessary steps regarding medical attention (i.e. first aid, calling EMS or transportation to be admitted to the hospital) and will allow authorized hospital facilities and staff to treat me or my child for any illness or injury he/she has. Also, that I will be financially responsible for any expenses involved.

I give my permission to have my child's photo taken while participating in activities at Proehlfic Park. I further acknowledge that these photos may be used in advertising and marketing materials and hereby release all such photos to be used for promotion of Proehlfic Park at the will of Proehlfic Park.

I have read the preceding information and my questions have been answered. I know, understand and appreciate the risks associated with playing sports and physical activity, and I am voluntarily participating in the activities provided at Proehlfic Park. In doing so, I am assuming all of the inherent risks of the sport.

Printed Name & Signature of Participant

Printed Name & Signature of Parent or Guardian If Under 18

Date

Proehlfic Park

4517 Jessup Grove Rd Greensboro, NC 27410

Phone 336.665.5233 Fax 336.665.5235