



# PCB Parks & Recreation Yoshukai Karate



Participant Name: \_\_\_\_\_ Ph.# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Ph.# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Ph.# \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Beginning June 1st the class payment schedule will change. The cost per student is **\$5.00** per class or students can purchase a 10 visit punch card for **\$30.00**. Students must pay \$5.00 or have a punch card prior to entering class. There will be **NO EXCEPTIONS** for non payment. All Students are required to register prior to starting the program by completing a registration form. There is an annual association fee due at sign up for basic and advanced classes. This fee is to be paid to the instructor/sensei.

## Initial

Basic & Advanced Classes 8yrs & Up

Basic Skills: 6:30pm-7:30pm \_\_\_\_\_

Advanced Classes: 7:30pm-8:30pm \_\_\_\_\_



Lil' Dragons 5yrs -7yrs

Lil' Dragons: 6pm-6:30pm \_\_\_\_\_

**PARTICIPATION PERMISSION:** I as an adult 18 and older, or the parent or legal guardian of the above named participant, hereby give my approval to participate in the activity described above. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I understand that supervision is only during the hours of scheduled practice and games. I also give the City of Panama City Beach permission to take pictures during activities, practices and games for publicity purposes. I hereby release, absolve, indemnify, and hold harmless the City of Panama City Beach, Bay County School District, the organizers, sponsors, supervisors, representatives, employees, volunteers and any or all of them from any injuries I may or my child may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees do not provide for insurance.

Further, I hereby grant the City of Panama City Beach Parks & Recreation Department staff as agent(s), for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act, whether such diagnosis, or treatment is rendered in physician's office or hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the physician, in the exercises of his best judgment, may deem advisable.

Signature of Parent/Legal Guardian or Adult 18& Older \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

