



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA KARATE KIDS CLASS

## CROZET YMCA

Students will learn practical techniques, and instruction will include character development. Each class connects the techniques learned to a specific value such as honesty, self-motivation, self-respect, respect for others, and self-control to name a few.

Students will earn belt levels (White, Yellow, Orange, etc.) based on an evaluation process. Students with no prior experience begin with a white belt. Parents are encouraged to watch. A private Facebook page is available for families to observe for proper techniques and review what they have learned.

Classes will be taught by Steve Glass who has trained for 20 years and is a student of Glenn Collier, a 6th degree black belt. Mr. Glass also teaches several youth classes at the MMAI Gym in Charlottesville and competes on the Semi Pro Circuit.

- WHEN:** 5/6—6/24  
**AGES:** 5 years and up  
**TIMES:** Mondays, 5:30-6:15pm  
**WHERE:** Multi-Purpose Room  
**COST:** \$80 Members/ \$100 Program Participants  
Must register by 5/5

\*Minimum number of 10 children needed for class to be held

\*Registration begins April 15th



Crozet YMCA  
1075 Claudius Crozet Park  
434-205-4380/piedmontymca.org



# YMCA KARATE REGISTRATION FORM

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Please print legibly. Form must be fully-completed, with payment must be made once scheduled.

Member Number (back of key tag) \_\_\_\_\_ Primary Member Name \_\_\_\_\_

Non-Member Parent/Guardian \_\_\_\_\_ Birth Date \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

In the event that not enough participants sign up, we will cancel the upcoming session and let all who sign up know ahead of time. If school is cancelled, then karate class will not be held. Instructor will address the participants if this does occur.

Participant Name	Birth Date	M/F	Gender	School

**REGISTRATION OPTIONS:**

1. **Mail** your completed registration form, including payment, to the PARC/YMCA: 1075 Claudius Crozet Park, Crozet, VA 22932.
2. **Fax** completed registration form, with payment, to (434) 205-4385.
3. **Drop off** your completed registration form, including payment, to the PARC/YMCA.

Payment (check one)  E-MEMBER\*  CASH  CHECK  CHARGE (VISA, MASTERCARD, DISCOVER) \*Current credit card drafting member or credit card information on file. Only signature required below.

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver**

I hereby certify that my child is in good health and capable of safe participation in this YMCA program. I understand that the PARC/YMCA assumes no responsibility for any possible injuries or illness sustained as a result of my child's participation in any athletic program, sport or activity and that I assume all risks thereof. I hereby authorize the YMCA/PARC to obtain medical treatment for my child in the event that the above parent contact(s) cannot be reached. I hereby release and discharge the PARC/YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. I understand that the PARC/YMCA is not responsible for personal property lost or stolen while members and/or program participants are using the PARC/YMCA facilities and/or are on YMCA/PARC premises. I give the YMCA/PARC permission to print, publish and display pictures of my child, without limitation, in order to promote YMCA/PARC programs. By signing below, I agree to all of the terms and conditions as set forth in this Waiver,

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use</b>	
Date Received ____/____/____	Date Processed ____/____/____ Receipt # _____ Staff Initials _____