



Museum School On-Site After School Class \$99

Registration due by Oct 25th!

This exciting program will teach your child the martial arts basics while developing positive character traits and social skills. Your child will learn Confidence, Discipline, Respect, Self-Control, and Focus in our program. We teach Self-Defense techniques as well as verbal defense against bullies. At the end of the 6-week session family and friends are invited to watch them display their new skills at our dojo (school), break their first board, and earn their white belt! Class size limited to 16 students. Open to grades: K through 4th

Start Date: Thursday, October 26th, 2017
Time and Class Location: 1:00 pm – 2:00 pm | @ Museum School
Class Duration: Thursday for 6 Weeks (except Nov. 23)
Final Class- Thursday, December 7th, 2017
Free White Belt Exam: Saturday, December 9th from 3:30-4:00 pm
Exam Location: Freestyle Martial Arts
3760 Sports Arena Blvd. #1 (By Phil's BBQ)
San Diego, CA 92110 (Behind Red Lobster)
Family and Friends invited!

Price of 6-week course: \$99. Please submit form with check to school front office and make checks payable to "Freestyle Martial Arts Foundation" (a nonprofit).

Or submit registration form in person, cash or check: 3760 Sports Arena Blvd #1

\$30 Exam Fee waived only on White Belt exam date specified above

Please email or call Freestyle Martial Arts with any questions at:

jwatson@usafma.com **619-224-9600** www.dragonkick.com

In recognition of the strenuous nature of martial arts classes, Parents/Guardians hereby knowingly and voluntarily waive any right of cause of action whatsoever arising as the result of such activities from which liability may accrue to Freestyle Martial Arts, Freestyle Martial Arts Foundation, it's officers, agents, employees, instructors, independent contractors, or The Museum School.

Student Name: _____ Age: ____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Teacher Name: _____ Room # _____

Mom Cell # _____ Dad Cell # _____

Signature: _____ Date: _____

* Child's Special Needs: _____