



Thompson Recreation, with support from NECASA (Northeast Council Against Substance Abuse), presents

Karate Kids: Grades K - 4

The classes are sponsored by Thompson Recreation with support from NECASA and are taught by Black Belt Instructor Gary Guay. This class teaches children to have respect, self-control, discipline, and to work toward increased athletic ability through the great art and sport of Karate. A snack will be provided (3:15-3:30).

Wednesdays, 3:30 - 4:30 p.m. for 8 weeks

Sept. 29, Oct. 6, 13, 20, 27, Nov. 3, 10, 17, 2010

TMHS Cafeteria

Early Bird Registration by Sept. 21: \$ 50

Registrations received Sept. 22 or later \$ 55

At 4:30 p.m. pick-up, photo ID must be shown. Please enter through the Thompson Middle School Main Entrance and proceed to cafeteria for pick-up.

Note: Extended Care until 5:30 p.m. is available at an additional cost of \$3 per class.

Elementary students will be picked up in their classrooms immediately after school.

St. Joe's students may take the shuttle bus to the Elementary School.

Note: Financial Assistance is available for this program. For guidelines and an application, visit our website or stop by the Recreation office. The Financial Assistance Application must be sent in with this form. If applying for assistance, do not submit this form without the financial aid application form.

Registrations will be accepted on a first-come, first-serve basis. Please complete the form below and return with a check in a sealed envelope marked Thompson Recreation to the school office or to the Recreation Office, or mail it to TRC. P.O. Box 899, No. Grosvenordale, CT 06255. Questions? Call 923-9440.

Karate Registration Form Sept. 29 - Nov. 17, 2010

(Please print and list only 1 child per form)

✓ if St. Joe's

Student _____ Gr. _____ Teacher _____

Parent Name(s) _____ Home Phone _____

Street Address _____ Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

Cell # _____ Work # _____ Parent E-Mail Address _____

Other Emergency Contact: _____ Emerg# _____

Does your child have any medical needs/conditions that the staff should be aware of? _____ If Yes, please explain _____
Are there any medications which your child will need to take during program hours? _____ Does your child use an inhaler or require access to an epi-pen? _____

If yes, you need to complete additional medical forms.

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's participation in these classes. Photographs of my child can be used for program promotion. **Also, I give permission for my child to receive emergency medical care, if I am unavailable.** I understand space is limited and will be made available on a first-come, first-serve basis until the class is full. I understand there are no refunds for missed classes. **I understand that if there is an emergency early release from school, this program will not be held and my child will be sent home according to the instructions on my child's school emergency form.** I understand there is a \$20 fee for checks returned to TRC by the bank. My child may be picked up after class by the following people; I understand photo ID is required.

My child will require Extended Care No _____ Yes _____ (\$24 per session)

I have enclosed payment in the amount of \$ _____ Cash _____ Check # _____ or

I am applying for financial assistance (all Financial Assistance paperwork must be sent in with this form.) _____

Parent or Guardian Signature _____ Date _____