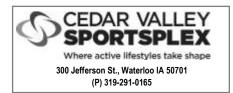
2024 Fall Shinkyudo Karate Registration



* Shinkyudo Karate:

Shinkyudo Karate is committed to providing the highest quality martial arts instruction and training in a friendly, positive environment Individuals of all ages with or without previous martial arts experience can learn to defend themselves, receive a great workout, have fun, and improve all aspects of their life. The program will meet on Mondays and Wednesdays. The program will begin on **September 9**th.



Beginner Shinkyudo Kids:

This 8 week program is for ages 5 to 11. This program is an introduction to self-defense. Students will learn proper technique and traditional forms.

Time: Monday/Wednesday 6:00 - 6:45 PM

Intermediate Shinkyudo Kids:

This 8 week program is for ages 5 and up, who have attended 2 or more of the Shinkyudo Karate beginner program. This program builds upon the techniques learned in the beginner program. Students expand their knowledge of self-defense techniques and traditional forms. Student acceptance into this program is subject to instructor's approval.

Time: Monday/Wednesday 7:00 - 7:45 PM

Beginner Shinkyudo Youth:

This 8 week program is for ages 12 to 16. This program is an introduction to self-defense. Students will learn proper technique and traditional forms.

Time: Monday/Wednesday 8:00-8:45 PM

Registration Begins: August 5th, 2024 Registration Deadline: September 6th, 2024

Rate: \$75

Member Rate: \$65

Program Dates: September 9 – October 30, 2024



Print Name of Parent, Guardian or Participant (Under 18)

Register online, email or return form to: 300 Jefferson St. Waterloo, IA 50701 319-291-0165 www.cvsportsplex.org leisure.services@waterloo-ia.org

P (2/C 1' 2 N				Е 11				
Parent's/Guardian's Name				Email				
Address				City		Zip		
Phone: Home			Cell			Work		
CVSP is committed to inclusion. Doe	es your child requi	re any n	nodifications	to help hir	m/her be successful?			
Participant's Name (Last, First)		M/F	Birth Date	Current Grade	Program #	Program Name	Fee	
			/ /					
			/ /	1 1				
			/ /					
							TAL \$	
Method of Payment ☐ Cash ☐ Check	Card Number					*FOR OFFICE USE ONLY ——Amount:		
☐ Visa ☐ Mastercard ☐ Discover						Date Received:		
	Exp. Date (Mon	th/Year)	CV	/V	Staff Initials:		
eliminate the risk that participants could be exposed to and/or become infected though contact with or close proximity with an individual with a communicable disease. The Waterloo Leisure Services & Cedar Valley SportsPlex continually strive to reduce risks and insists that all participants follow safety rules and instructions that are designed to protect participants' safety. Warning of Risk Recreation activities are intended to challenge and engage the physical mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all haz-ards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and juries due to inclement weather, slip-niping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervi-sion, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreation activities/programs exist. In this regard, it must be recognized that it is impossible for Waterloo Leisure Services and the Cedar Valley SportsPlex to guarantee absolute safety. WAVIER AND RELEASE OF ALL CLAINIS AND ASSUMPTION OF RISK Please read this form carefully and be aware that in signing up and participating in the identified program(s), you will be expressly assuming the risk and legal liability, waiving and releasing any and all claims for injuries, damages or loss which you or your minor child/ward might sustain arising out of or as a result of the activities of this program (including transportation services/vehicle operation, when provided). As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I voluntarily agree to assume the full risk of any injuries, including office								
Signature of Parent, Guardian or Participant	(Under 18)			Date				

Date