



# ADULT MARTIAL ARTS REGISTRATION



## COMBAT HAPKIDO

FEES: \$45.00 Registration fee per session  
\$30.00 Annual ICHF Membership (\$25 renewal)  
\$20.00 Gi (uniform) if needed  
\$10.00 Belt & Certificate (when tested for promotion)

Curriculum includes instruction in break falls, strikes/kicks, breakaways, joint locks, defense against strikes and grabs, ground survival, and pressure points. The program runs year round and is divided into sessions that consist of 8 classes. Classes are held on Mondays, except the 2<sup>nd</sup> Monday of each month, in the recreation center from 7:30 PM to 9:00 PM. Registration must be done through the recreation department and received by 4:30 PM the Friday prior to class starting. All registrations received after that are considered late and will be subject to an additional \$10.00 late fee. No exceptions will be made. Class size is limited with registration being taken on a first come, first served basis. In order to be considered for promotion the participant must be an ICHF member, wear a black gi (uniform can be purchased at the recreation department), and pay a \$10.00 belt/certificate fee.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address (PRINT clearly) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ H / C / W

By signing this form, I desire to engage voluntarily in this exercise program being offered by the Middlesex Recreation Dept.

In consideration of my participation in the exercise classes, I do hereby agree to hold free from any and all liability, the exercise instructors, the sponsoring organization, or the Borough of Middlesex, and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me rising out of/or connected with my participation.

**Dates during which release is granted – FROM: January 2008 TO: December 31, 2008**

In your best interest, we recommend that you have your physician give approval for you to be a participant in this class.

\_\_\_\_\_  
participant's signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
date

**DO NOT WRITE IN BOX / For Office Use Only**

Registration \$45 \_\_\_\_\_ ICHF Membership \$30 \_\_\_\_\_ GI \$20 (size) \_\_\_\_\_

DATE RCV'D \_\_\_\_\_ RECEIPT # \_\_\_\_\_

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Re-registration \$45 \_\_\_\_ ICHF Renewal (if needed) \$25 \_\_\_\_ GI (if needed) \$20 \_\_\_\_ RECEIPT # \_\_\_\_\_

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