

After-school

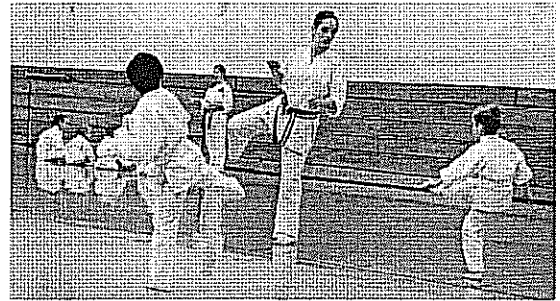


Karate Class

Building confidence, discipline, and respect through the martial art of Tae Kwon Do

Get in on the action! Join us for Karate Class!

- Location: Jaffrey Grade School
- Day: Mondays – *starting Mon. Sept. 10th*
- Time: 3:15pm to 4:15pm
- Cost: \$30 per month - *Sign-up by the Month!*
- For more information, contact Instructor Elizabeth Kenny: taekwondobeth@yahoo.com



How Do I Register for the Monday Karate Class?

- Complete paper registration form.
- Return registration form, with payment, to Instructor: Elizabeth Kenny the first day of class.
- Registration forms are available on the back of this flyer, at the Jaffrey Parks & Recreation Department, or print from the web: jaffrey.recdesk.com

Meet the Instructor: Elizabeth Kenny

- 5th Dan Black Belt
- Teaching martial arts for over 15 years
- Teaches after school programs in Jaffrey, Rindge, Fitzwilliam, and Antrim
- Owner of Kenny's Tae Kwon Do dojo in Jaffrey, NH
- Promoter of the New England Classic Karate Tournament in the IPPONE circuit
- 2nd level center riding instructor with 16 years experience
- Riding instructor at South Mowing Stables, Brattleboro, VT



NOT SCHOOL SPONSORED

31 HOWARD HILL ROAD, JAFFREY NEW HAMPSHIRE 03452



JAFFREY PARKS & RECREATION

e-mail:recreation@townofjaffrey.com • website: www.townofjaffrey.com/recrept • Phone (603) 532-7863 • Fax (603) 532-7873

Youth Program Registration Form

Return completed form to: Jaffrey Parks and Recreation Department, 31 Howard Hill Road, Jaffrey, NH 03452

Participant Name	M/F	Birthdate	Grade	Activity	Fee	Shirt Size

General Contact Information

Parent/Guardian Name (1) _____ Are you willing to coach/volunteer for the program? _____

Address _____

Town _____ Zip _____ Email _____

Phone (Home) _____ (Cell) _____ (Work) _____

Parent/Guardian Name (2) _____ Are you willing to coach/volunteer for the program? _____

Address _____

Town _____ Zip _____ Email _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Additional Emergency Contact Information

Name: _____ Relationship to child: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Medical Information

Allergies/Special Diet _____

Special Limitations or Concerns _____

Chronic Health Conditions _____

I assume all risks and hazards incidental to participation in Jaffrey Parks and Recreation program or sponsored program, including transportation to and from activities and program, and I do hereby waive, release and agree to hold harmless the said Town, its volunteers, staff and all sponsors for any claim arising out of injury to myself or property damage that might occur during participation. If applicable, am aware of the hazards of the sport/program and the risk of injury in these programs. In case of emergency, I hereby give permission to the program staff and medical personnel selected by Jaffrey Parks and Recreation Department and staff, in my absence, to act as my agent to apply simple first aid when necessary, or in the event of a more serious accident, for participant to be transported to an emergency medical facility to receive medical treatment. I also authorize the medical personnel to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment if warranted.

I authorize Jaffrey Parks and Recreation Department to reasonable use of any and all images and statements of/by/about the participant during any part of a Jaffrey Parks and Recreation program for promotional purposes.

Parent/Guardian of Minor _____ Date _____