

**Contacting the Shotokan Karate Institute:** 5327 Jacuzzi St., Unit 3P,  
Richmond, CA 94804 - 510-526-8334 - shotokankarateinstitute@yahoo.com  
**Contacting KCC:** 510-525-0292 kccrec@yahoo.com



## Shotokan Karate Fall 2012 KSEP Classes

This year the Shotokan Karate Institute will be holding one beginning classes in the afterschool KSEP program associated with Kensington Hilltop Elementary School. This registration and waiver form must be filled out prior to the start of classes.

**Date:** 11 Mondays, Sept. 24, Oct. 1, 8, 15, 22, 29, Nov. 5, 19, 26, Dec. 3, 10

**Classes:**

Beginning Karate (Grade 4 to 6)\*:  
Mondays: 2:45 PM - 3:40 PM

**Cost:** \$110. You may enroll during KASEP registration on Sept. 11, 2012 at 7:00 PM in the Kensington Community Center Main Room.

\* if previously enrolled in karate grade 2 to 3 okay

**Location:** Kensington Community Center, Main Room, 59 Arlington Ave.

*Make Checks Payable to: KCC  
Bring this form to KSEP registration or mail it to KCC with your payment. But if registering after Sept. 13th, call KCC to check on enrollment space.*

Child's Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that this sport involves strenuous and physically challenging activity and risk. I am participating with the full knowledge of the risk and voluntarily accept and assume this risk of injury or loss by signing this RELEASE and by participating in these activities. Further, and in exchange for my participation in this session of KSEP Karate, I, on behalf of myself and my successors, assigns, ad heirs, RELEASE, INDEMNIFY, AND HOLD HARMLESS Shotokan Karate Institute, Sensei Sharifi, Kensington Community Center, KPPCSD, and any of its sponsors, donors, owners, directors and officers, agents, employees, members, volunteers and representatives from any and all liability from injury, damage or loss to person, person or property based upon their negligence in connection with my participation in this competition. The director or authorized agent reserve the right to refuse entry to any person, school, team or club.

Cell: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_