

**A Parent/Guardian of Each Participant  
Who Must be 18 years Old or Older  
Must Fill Out this Form**



Town of  
**GRISWOLD**  
**RECREATION DEPT**  
griswoldyfs.com

PRESENTS

# Kokondo Karate

Co-ed Classes  
No Tournaments  
No Hype

## GRISWOLD RESIDENT PRICING

### ADULT PRICING:

(Ages 19+)

**\$45 / month (2 classes / wk)**

**\$23 / month (1 class / wk)**

### TEEN PRICING:

(Ages 13 - 18 years old)

**\$30 / month (2 classes / wk)**

**\$16 / month (1 class / wk)**

### YOUTH PRICING:

(Ages 8 - 12 years old)

**\$30 for a 10 week session**

## NON-GRISWOLD RESIDENT PRICING

**Add \$5.00 to all Programming**

### Adult & Teen Class

**Mondays**

**7:30 - 9:00 pm**

**&**

**Thursdays**

**7:00 - 8:30 pm**

### Youth Class

**Mondays**

**6:30 - 7:30 pm**

## Waiver of Liability and Hold Harmless Agreement

I, \_\_\_\_\_, for myself and participant(s) named below hereby WAIVE, RELEASE, AND HOLD HARMLESS the Town of Griswold, Griswold School System, Griswold Special Education Department, their owners, affiliates, directors, shareholders, officers, members, agents, employees, landlords, other participants, sponsoring agents and all other persons or entities acting on their behalf, from and against any and all claims, liability, damages, cost or expenses (including attorney's fees) arising out of or related to our participation or use of the facility.

I am aware that by signing this agreement, I assume all risks and waive and release all substantial rights that I may have and possess. I, and participant, agree to play at our own risk.

\_\_\_\_\_  
Signature of Parent/Guardian

Please Write Neatly:

Please Circle:

Participant #1: \_\_\_\_\_ Resident: Y N  
Signature: \_\_\_\_\_ Male or Female

Participant #2: \_\_\_\_\_ Resident: Y N  
Signature: \_\_\_\_\_ Male or Female

Participant #3: \_\_\_\_\_ Resident: Y N  
Signature: \_\_\_\_\_ Male or Female

Participant #4: \_\_\_\_\_ Resident: Y N  
Signature: \_\_\_\_\_ Male or Female

Participant #5: \_\_\_\_\_ Resident: Y N  
Signature: \_\_\_\_\_ Male or Female

Contact Phone #: \_\_\_\_\_

Your Email (optional): \_\_\_\_\_

Your Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRISWOLD RESIDENTS, PLEASE SUPPLY US WITH PROOF OF RESIDENCY:

Driver's License Number: \_\_\_\_\_ (State: \_\_\_\_\_)

Payment Information: Checks/Payment should be made  
to the Instructor at Registration.

**NO REFUNDS AVAILABLE, NO EXCEPTIONS**

**Questions? Call 860.376.5680**