

**TWINBROOK E.S.
2016 Fall Program:**

FUNDRAISER!

BEFORE SCHOOL KARATE!

---REGISTRATION FORM---

In this program, students will:

-DEVELOP

- POSITIVE MINDSET FOR LIFE & SUCCESS
- LIVING WITH AN A+ ATTITUDE
- SELF-CONFIDENCE & SELF-DISCIPLINE

-PRACTICE

- RULES OF CONCENTRATION
- MANNERS, RESPECT & KINDNESS
- 1ST TIME LISTENING

-IMPROVE

- COORDINATION
- BALANCE & AGILITY
- MUSCLE DEVELOPMENT
- HEALTH & FITNESS

-LEARN

- TOOLS FOR SUCCESS & HEALTHY HABITS
- HOW TO STAY SAFE/STRANGER DANGER
- BULLY PREVENTION

-MAKE NEW FRIENDS & HAVE FUN!!



Presented by:



**October 7-28
FRIDAYS, 8:20 – 9:10am**

- OPEN TO GRADES K – 5
- FOUR WEEK PROGRAM
- WEAR COMFORTABLE CLOTHES
- Students earn a brand new GOLD karate belt at the end of the program!
- Special discounted rate for TWINBROOK:
\$30 per student!

**100% of ALL PROCEEDS WILL
GO TO BENEFIT TWINBROOK!**

***** TO RESERVE YOUR SPOT, PLEASE CALL OR EMAIL US AT: *****

(Please include your child's name, age and phone number)

**MASTER METHOD KARATE
success@mastermethodkarate.com
301-984-0700**

18209 Hillcrest Avenue
Olney, MD 20832
301-570-0010

13460 New Hampshire Avenue
Silver Spring, MD 20904
301-384-0100

5538 Randolph Road
Rockville, MD 20852
301-984-0700

-----*****BRING THIS PORTION WITH PAYMENT TO FIRST DAY OF CLASS: FRI. OCT 7*****-----

Student's Name _____ **Age** _____ **Grade** _____ **Teacher** _____

Parent's Name(s) _____

BEST Phone # _____ **Emerg. Ph. #** _____ **Email** _____

Payment (\$30.00): **CASH** **CHECK #** _____ (Payable to: *Master Method Academy*) **Credit Card** (Call: 301-984-0700)

CC Confirmation # _____

By signing below, I give my permission for my child to participate in this martial arts activity. I represent that my child is physically fit to participate, and that he/she does not have any medical issues that would inhibit participation. I understand and agree that The Master Method Academy will not be held liable for any injuries, damages, etc. not caused by or resulting from the negligence of the owners, operators or persons in charge of such establishment.

In addition, I am aware that photos or videos may be taken and may be used for promotional purposes (e.g. print, video, website, etc.). I understand I will not receive compensation for this use. I further give my permission and fully release The Master Method Academy from any liability that may arise from the use of these images.

Parent's Signature _____

Date _____