

100% of proceeds
go to your school!

MASTER METHOD ACADEMY

4-WEEK

SATURDAY PROGRAM:

LEADERSHIP & MARTIAL ARTS

**Saturdays: April 27, May 4, 11, 18
1:45 - 2:15pm**

**LOCATION:
MASTER METHOD KARATE**

**5538 Randolph Road
Rockville, MD 20852
(Next to Mom's Organic
Market & Gold's Gym)**

*Leadership, life skill &
character education focus

*Award-winning martial
arts program

*Active, educational and
FUN!

*Positive education
philosophy

*Developed and endorsed
by professional educators,
educational psychologists,
and martial arts leaders.



***CALL OR EMAIL TO RESERVE YOUR SPOT *
Include child's name, age and school
(Space is limited)**

**301-984-0700
success@mastermethodkarate.com**

**REGISTRATION:
\$30**

TOPICS THIS SESSION (Spring 2019):

3 Rules of Concentration /1st Time Listening /Self-Control /Kindness

-----BRING WITH PAYMENT TO FIRST DAY OF CLASS-----

Student's Name _____ Age _____ Grade _____ School _____

Parent's Name(s) _____

TEXT Phone # _____ Emerg. Ph. # _____ Email _____

Payment: ☐ 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