



All-Star Karate

Beginning, Intermediate & Advance Level Karate will be taught for all age groups. Kenpo style karate instruction will be taught with a focus on developing self confidence and self-control. Instruction will help children increase attention span, develop coordination and learn respect for others.

Darren Cox is the Martial Arts Direct and owner of All Star Karate. Hanshi Darren is a 14 time NBL World Champion and is a certified member of the National Association of Professional Martial Artist. For more information contact Darren at 801-815-5425 or email info@allstarkarateut.com

Where: J.L Sorenson Recreation Center

Fee: \$45 per month*(no proration)

Register: J.L Sorenson Recreation Center's front desk, or online www.activityreg.com.



When: Wednesday

AM Classes

Karate	(All Ages)	10:15-11:00 am
Karate	(All Ages/ Home School)	11:00-11:45am

PM Classes

Karate	(All Ages)	3:00-3:45 pm
Karate	(All Ages)	3:45-4:30 pm
Karate	(All Ages)	4:30-5:15 pm
Yellow and Orange Belts	(All Ages)	5:15-6:00 pm
Karate	(All Ages)	6:00-6:45 pm
Karate	(All Ages)	6:45-730 pm
Karate	(Adult Class)	7:30-8:15 pm




For inclusion opportunities for people with disabilities, contact Ashley at 385-468-1520 or ahaddow@slco.org.



*A \$5 fee will be added to the registration fee after the 10th of each month for all classes at JL Rec. Center. This is a "Late Fee".
If you child is attending Karate and has not paid for it please register online or at the front desk. If your child has not paid and is attending this class, Darren or his instructors may ask your child to sit out and wait for you (parent) to register or pick them up. Please register before the first class.

All-Star Karate

Name _____ Boy _____ Girl _____
 Birthdate _____ Age _____ Grade _____ School _____
 Address _____ City _____ State _____ Zip _____
 Parent or Guardian _____ Cell _____ Work _____
 In Emergency Notify (other than parent / guardian) _____
 Emergency Phone: _____
 Email Address _____

Month _____
AM Classes
 Karate 10:15-11am Karate 11:-11:45 am (All ages/ Home School)
PM Classes
 Karate 3:00-3:45 Karate 3:45-4:30 Karate 4:30-5:15pm Karate 6:45-7:30pm
 Yellow and orange belts 5:15-6:pm Karate 6:00-6:45pm Karate (Adult Class) 7:30-8:15pm
 Check here to be contacted about inclusion opportunities for people with disabilities.

Parental Statement of Agreement – Assumption of Risk, Liability Release and Refund Policy

Assumption of Risk: I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.

Release: In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.

Indemnification: In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation in the Salt Lake County recreational activities. I agree that my duty to defend and indemnify the County under this Agreement includes all attorney fees, litigation and court costs, expert witness fees, and any sums expended by or assessed against the County for the defense of any claim or to satisfy any settlement, arbitration award, or verdict paid or incurred on behalf of the County arising out of or in any way related to my child's participation in the Salt Lake County recreational activities.

Refund: Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.

Collections: I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.

Emergency Treatment: I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.

Equal Opportunity: Salt Lake County Parks and Recreation provides equal opportunity to participate regardless of race, color national origin, sex, pregnancy, sexual orientation, gender identity, marital status, religion, age, genetic information, military or veteran status, and will upon request, provide reasonable accommodations to individuals with disabilities.

Name Posting: Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Name of Child Participant: _____

Signature (Parent or Legal Guardian): _____ **Date** _____

OFFICE USE ONLY.....Receipt #:	Amt.:	Date:	By:
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