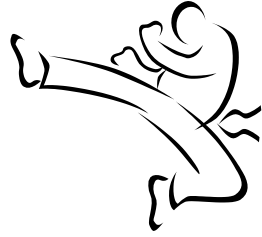


Dimple Dell Fitness & Recreation Center

ALL STAR KARATE

FOR AGES 3 – ADULT



KARATE

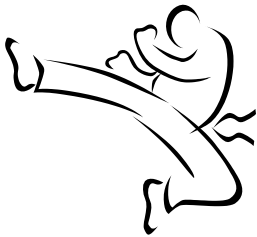
Beginning, Intermediate, & Advanced level karate will be taught for all age groups.

Kenpo Style 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.

Classes offered Monday Nights \$45.00

| | |
|----------------|---------------|
| Kinder Kicks | 3:45pm-4:30pm |
| Beg White Belt | 4:30pm-5:15pm |
| Yellow Belt | 5:15pm-6:00pm |
| Orange Belt | 5:15pm-6:00pm |
| Beg White Belt | 6:00pm-6:45pm |



Register at Dimple Dell Fitness & Recreation Center

385-468-3355 (10670 South 1000 East) or

on-line @ www.slco.org/dimple-dell

Questions or concerns, please contact:

allstarkarateut@hotmail.com or 801-815-5425 or

Lesley:

lashaw@slco.org or 385-468-3355



DIMPLE DELL FITNESS & RECREATION CENTER

MONTH: _____

Please check all the appropriate boxes:

Kinder Kicks- Monday Afternoon- \$45.00

3-4 years old 3:45 - 4:30pm

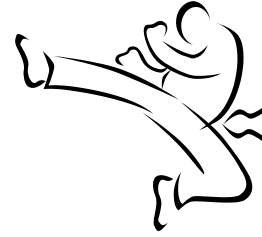
Monday Night - Classes-\$45.00

Beginning White Belt (all ages): 4:30pm -5:15pm

Yellow Belt (all ages): 5:15pm -6:00pm

Orange Belt (all ages): 5:15pm -6:00pm

Beginning White Belt (all ages): 6:00pm -6:45pm



There is a Daily option for \$12

A \$5.00 Late Fee will be added if tuition is not paid the first week of the classes.

*You can now register for: One year for \$420.00

Six Months for \$210.00

You will receive a uniform with a six month or one year registration.

Uniforms are required, after a month

Please contact the instructor for further questions regarding the uniform.

Name of Student _____ Boy _____ Girl _____
 Birthday _____ Age _____ Grade _____ School _____
 Address _____ City _____ State _____ Zip _____
 Parent or Guardian _____ Home Phone _____ Work _____
 In Emergency Notify (other than parent / guardian) _____ Phone: _____

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.
- Media Consent:** I hereby grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.
- 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: |
|--------------------------------|-------|-------|-----|