



Saturday Karate Class Registration Form

Student Last name _____ Student First
name _____

Address _____

Date of birth ___ / ___ / ___ Age _____

Current Student Belt Color _____ or New Student (check if applies)

Phone # _____ Parent Email address

Student/Parent/Guardian releases, discharges, and absolves Karate Pilates, Inc. dba KP for Kids, its agents and employees of and from any and all liabilities and responsibility for any and all accidents and/or injuries student may sustain during Saturday karate classes whether the same are caused by or attributed to the negligence of Karate Pilates, Inc. dba KP for Kids or the negligence of its agents and/or employees.

Parent signature _____ Date ___ /
___ / ___

SATURDAY CLASS PACKAGE OPTIONS

5 classes for \$175
10 classes for \$300
15 classes for \$425
20 classes for \$500

*** The class packages are valid for six months from purchase date ***

Registration forms are due by the first Saturday class that your child will join. They may be mailed or handed in at the time and day of their first class. Payment is due no later than first class attended.

For electronic payment (QuickPay with Zelle, Venmo or PayPal) use email address:
amelia.sheftall@karatepilates.com

Check payments should be made out to KP for Kids – include phone number on check – mail to:

KP for Kids
ATTN: Sensei Amelia Sheftall
541 East 20th Street, #14G
New York, NY 10010