210.695.8776
11626 Rainbow Ridge, Suite 103
Helotes, TX 78023

Parents' Night Out Registration

Student Name: _____Date of Birth: _____Age:____

Parent/Guardian Name: _____ E-Mail Address: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Phone Number: _____ Secondary Number: _____

Emergency Contact (if different from above): _____

Please list any food allergies/medical issues: _____

Event Date:_____ First Student: $40

Additional Students: $30 X ____

Total amount due: $_____ Name on CC: _____

CC#: _____EXP: _____SEC CODE: _____

Signature: _____ Date: _____

"I recognize my signature above indicates permission to charge my card for all fees associated with this program." _____ Initials

"I recognize martial arts does involve a risk of harm or injury; therefore, I agree to hold Retro Sport Karate, its instructors, and representatives, harmless from any injury I/my child may incur during my/my child's training here. I have read, and agree to abide by, the policies and procedures, as well as dress code, for Retro Sport Karate. I understand that failure to do so may result in dismissal from the program without refund." _____ Initials