



Mr. Jason Patten and his Assistant Instructors will be bringing a BUCKET-O-FUN  to JF Burns! Come out and join in the punching and kicking drills, skill centered games, fun filled forms, and secrets of the  !!!!!!!!!!!!! All to help encourage the strong self discipline and self confidence of the Kings Knights.

Classes will begin Wednesday October 3rd at the Elementary School in the gym from 6:30 pm-7:10 pm and continue for the next 3 Wednesday's (4 in all). The 5th class will be held at Patten's Martial Arts. There is no need for special equipment or clothing, just a great attitude and a smile on your face! 😊. The total tuition for the classes will be \$20 per student, with 100% of the proceeds collected going to the PTO. So please make payments payable to JF BURNS PTO.

To sign up, just complete the attached forms and return them via email to pattensafterschool@gmail.com. If you should have any questions, feel free to email us at pattensafterschool@gmail.com.

Martial Arts is
not a sport, but a
way of life.

Supporting the
Kings Local
Community!!!

PATTEN'S MARTIAL ARTS NEW STUDENT QUESTIONNAIRE

Today's Date _____

Student Name _____ DOB ____ / ____ / ____ Age _____

Address/City/State/Zip _____

Home Phone _____ Cell Phone _____

CHILDREN ONLY

Both Parents/Legal Guardians Name _____

Names/Ages of Siblings _____

Name of School _____ Grade _____

Check the benefits you would like to experience from our program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Physical Conditioning | <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Athletic Skill |
| <input type="checkbox"/> Better Concentration | <input type="checkbox"/> Weight Control | <input type="checkbox"/> Self-Discipline |
| <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> More Energy | <input type="checkbox"/> Better Mental Attitude |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Better Grades | <input type="checkbox"/> Temper Control |
| <input type="checkbox"/> Muscular Coordination | <input type="checkbox"/> Other _____ | |

If you would like to write more about what you would like to get out of your martial arts training, please do so here: _____

Do you have any health problems? Yes No
If yes, please explain: _____

Can you afford \$95/one student, \$140 two students, \$180/three or more per month?
 Yes No

Will your child be able to attend classes two times per week? Yes No

Do you have a place to practice at home? Yes No

Are you willing to set goals to develop your mental discipline/physical fitness?
 Yes No

Have you ever taken martial arts? Yes No
If yes, when/where: _____

How did you hear about our school? _____

If you were referred by someone, who was it? _____

What made you choose our school? _____

PLEASE READ AND SIGN INJURY WAIVER ON PAGE 2

INJURY WAIVER

In consideration of being allowed to participate in any way at Patten's Martial Arts, LLC or its related events and activities, I the student or parent of the student acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the ordinary negligence of the releasees, agents, employees or others, and assume full responsibility for my participation or my child's participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presences or participation, I will remove myself from participation and bring such to the attention of the company immediately; and, understanding that this at times may be a contact activity, such as football, soccer, wrestling and other sports, I acknowledge that there is a possibility of injury as in any other contact sport.
4. I, for myself and/or my child, and on behalf of my heirs, assigns, personally representatives and next of kin, hereby release, indemnify, and hold harmless Patten's Martial Arts, LLC, their officers, agents and/or employees, other participants, owners and lessor of premises used for the activity ("releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence, recklessness or intentional acts of the releasees or otherwise, to the fullest extent permitted by law. I, the undersigned, and by signing of this waiver, assume full responsibility for any injury that may occur.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I REPRESENT AND WARRANT TO THE COMPANY THAT I HAVE THE AUTHORITY TO SIGN THIS RELEASE BOTH FOR MYSELF OR AS PARENT OR GUARDIAN OF MY CHILD, THE STUDENT.

ADULT STUDENTS

Student's Signature _____ Date _____

CHILDREN 18 AND UNDER

Parent/Guardian Signature _____ Date _____