



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 **Ninja** !!!!!!!!!!!!! All to help encourage the strong self discipline and self confidence of the Kings Knights.

There will be 3 sessions this year as follows:

Session 1: Friday's October 20-November 10

Session 2: Friday's February 2-23

Session 3: Friday's April 20-May 11

Each will be held at the Elementary School from 3:25 pm-4:05 pm. 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 KME PTO.

To sign up, just complete the attached forms and return them via email to pattensafterschool@gmail.com, or return them to school and we will pick them up there. 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!!!

PERMISSION SLIP FOR PATTEN'S MARTIAL ARTS

February 2-February 23, 2018

My child: _____

In Mr./Ms./Mrs. : _____ class Grade: _____

Has my: _____ permission
Parent/Guardian Name

to stay after school every Friday beginning February 2-February 23, 2018 to attend the Patten's Martial Arts after school enrichment program.

I give permission for my child to be released to Mr. Jason Patten at the end of the day.

All students staying for Patten's Martial Arts will report to the gym when called. These students will sit together as a group. Mr. Patten, or one of his assistants, will take attendance of the students.

If there is a day that your child WILL NOT stay for Patten's Martial Arts you are required to send a note on that day notifying the staff at KME of the change.

Parent Signature is required. Please sign and date below. Upon receipt of this form we will add your child to the pick-up list every Friday as stated above.

Parent Signature: _____ Date: _____

Parent Phone Number: _____

Parent Email: _____

PERMISSION SLIP FOR PATTEN'S MARTIAL ARTS

April 20-May 11, 2018

My child: _____

In Mr./Ms./Mrs. : _____ class Grade: _____

Has my: _____ permission
Parent/Guardian Name

to stay after school every Friday beginning April 20-May 11, 2018 to attend the Patten's Martial Arts after school enrichment program.

I give permission for my child to be released to Mr. Jason Patten at the end of the day.

All students staying for Patten's Martial Arts will report to the gym when called. These students will sit together as a group. Mr. Patten, or one of his assistants, will take attendance of the students.

If there is a day that your child WILL NOT stay for Patten's Martial Arts you are required to send a note on that day notifying the staff at KME of the change.

Parent Signature is required. Please sign and date below. Upon receipt of this form we will add your child to the pick-up list every Friday as stated above.

Parent Signature: _____ Date: _____

Parent Phone Number: _____

Parent Email: _____

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?

Physical Conditioning

Better Concentration

Self-Confidence

Fun

Muscular Coordination

Self-Defense

Weight Control

More Energy

Better Grades

Other _____

Athletic Skill

Self-Discipline

Better Mental Attitude

Temper Control

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? _____

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 the 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 this 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 maybe 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 ("releasees"), 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 _____