Adults, Teens And Children Over 8

Worcester JCC

Karate Club

Traditional instruction in the Japanese art of Wado-ryu Karate.

Classes emphasize conditioning, discipline and character development. The karate program is ideal for highly motivated individuals interested in challenge and the confidence that results from real achievement.

Class schedule:

Tuesdays, 6pm—8pm

Saturday, 9—11:30am

Rates:

$70 for members / month

$80 for non-members / month

Chief instructor: Ronald C. Teixeira

Former owner/chief instructor of Japan International Karate Center and trainer of 23 national champions in AAU and USAKF competition.

To register for a free introductory class or for more information call Ron Teixeira at 508-864-6895.

Uniforms are available for purchase after the first month of instruction.

633 Salisbury Street, Worcester
Web: worcesterjcc.org
Phone: 508.756.7109 • Fax: 508.753.8862

Worcester JCC

Karate Registration

Approved by Ron Texeira_____ Date_____

- Register by email ... email form to jpeloquin@worcesterjcc.org
- Register by mail ... Worcester JCC, 633 Salisbury St., Worcester, MA, 01609
- Register by fax ... Fax # 508-373-2592

Last Name of Participant	Home Mailing Address	City	Zip
Home Phone	Cell Phone	Work Phone	
Other Phone(s)	E-mail Address	Parent/Guardian Name (if participant is under 18)	
Emergency Contact (Other than parent if participant is under 18.)	Emergency Contact Relationship	Emergency Contact's Phone	
Allergies/Medications/Limitations (Please list and explain.)			
Please check all that apply: ☐ JCC Member ☐ Non-Member ☐ Senior Non-Member ☐ Senior Adult Club ☐ Full-Time JCC Staff ☐ Part-Time JCC Staff			
How did you find out about this program? (Please be specific.)		Additional person(s) allowed to pick up my children	

Participant First Name(s)	GEN-DER	BIRTH DATE	GRADE	Program Name	Dates	Program Code	Fee
							$
							$
							$
							$
							$

PROGRAM FEES	$
CHANGE FEE	$
DONATION	$
TOTAL	$

If you are submitting this form as a modification of a previously submitted form, please add $25 to your total.

Please consider a gift to the JCC Scholarship Fund to assist others with financial hardships.

Pick Up/Drop Off Instructions (if applicable):

Payment		
☐ Cash	☐ Check made payable to the Worcester JCC Check no. _____	☐ Visa ☐ MasterCard
Name on Credit Card	Credit Card Number	Credit Card Expiration Date
3 or 4-Digit Security Code	Authorized Signature	Date

Waiver of Responsibility

I wish to participate and/or give my children permission to participate in the Worcester Jewish Community Center ("JCC") activities and/or use the JCC equipment and/or facility. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the JCC allowing me to participate in JCC activities and/or use of the JCC equipment and/or use of the JCC equipment and/or facility, I understand and expressly acknowledge that I release the JCC and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in JCC activities and/or use of the JCC equipment and/or facility, whether on or off JCC's premises. I authorize JCC staff to act on their best judgment in the event of an emergency; including transporting myself or my child(ren) to the hospital and authorizing treatment by a physician. I understand that this release includes any claims based on the negligence, action, or inaction of the JCC, its employees, independent contractors, directors, members and guests. I have read and am voluntarily signing this authorization and release. I understand that the JCC is not responsible for personal property lost, damaged or stolen while members and/or program participants are using JCC facilities or are on JCC premises, including all lost, damaged or stolen property caused by the negligence of the JCC, its employees, independent contractors, directors, members and guests. I understand the JCC does not offer medical insurance relating to all accidents and/or injuries that may result from my or my family's participation in JCC activities. I will be responsible for maintaining any appropriate medical insurance for myself or my children.

I give my permission to the JCC to use without limitation and obligation, photographs, film footage, or tape recordings which may include my (or my family's) image or voice for purposes of promoting or interpreting JCC programs.

Payment & Refund Policy

- All classes and activities must be paid in full prior to the start of the activity.
- Activities dropped or changed prior to the first scheduled class will receive a 100% refund, less a $25 processing fee.
- No refund/credit if participant withdraws or makes changes after the starting date of the program.
- Credit will not be issued for days missed.
- Registration will not be confirmed without payment.
- Your payment is your reservation.
- The JCC reserves the right to cancel an activity due to low enrollment or other factors. In these cases, full refunds will be issued.
- A $35 service fee will be issued for insufficient funds.
- A $25 administrative fee will be issued for any changes made to your registration.

Signature (Must be 18 years of age or older.)	Date