

# Kung Fu

## FREE Program for 3rd- 6<sup>th</sup> Grade at the Salem Courthouse Community Center

*Meets on Tuesday starting April 4<sup>th</sup>  
2:30-3:10PM (for late bus kids) 3:30PM for kids picked up*

### **Class Description:**

Steve Nacua, from Glens Falls Hop Gar Kung Fu Academy, is offering his time to provide area youth a free martial arts experience. Check out his website to learn more  
<http://www.hopgarkungfuacademy.com/aboutus.html>

### **Registration Form**

You must fill out a **separate** form for each child. Please return to Janice at the Courthouse or mail to HSCPA PO BOX 140 SALEM, NY 12865.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Grade \_\_\_\_\_ Age: \_\_\_\_\_

**Dismissal Plans** (Please check one of 3 below): \_\_\_\_\_ My child will be picked up at the Courthouse @3:30PM **OR** \_\_\_\_\_ my child will walk home **OR** \_\_\_\_\_ My child will take the late bus home and will be dismissed at 3:10PM

### **Persons Authorized to Pick Up Your Child:**

Please list up to 3 other people who are authorized to pick up your child, other than those listed on the Parent or Guardian line.

1. \_\_\_\_\_

Phone# \_\_\_\_\_

2. \_\_\_\_\_ Phone #

3. \_\_\_\_\_ Phone #  
# \_\_\_\_\_

**Special Needs you would like the Courthouse to know:** yes / no

(circle one)

If yes, please explain:

**PLEASE SIGN THE BACK OF THIS SHEET**

**Emergency Contact(s) :**

Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_  
Name: \_\_\_\_\_ Phone #:

\_\_\_\_\_

**Please check below to indicate your permission:**

\_\_\_ I give permission for

\_\_\_\_\_

to participate in after school Kung Fu Class

\_\_\_ I give permission for my child to walk over to the Courthouse by him or herself.

\_\_\_ I give permission for my child to walk over to the Courthouse with Janice Quartararo from the Courthouse.

\_\_\_ I give permission for my child's picture to be used in Courthouse publicity.

**Parent/Guardian Signature:**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

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