



**CONFIDENCE  
FOCUS  
DETERMINATION**



## MARTIAL ARTS

Grow your strength, flexibility, self-confidence, concentration, and self-awareness with our Martial Arts Program! Our 6 week sessions will strive to meet the needs of our participants, and give Youth a chance to learn a form of self-defense, philosophy, and improve physical fitness. Come increase your skills and develop proper technique on individualized goal progressions! Let our qualified instructor work with you towards becoming the best you can be! Our classes will have an emphasis on reflex development, hand-eye coordination, balance, and a sense of wellbeing.

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



### WHEN

- Session 1: Jan 4-Feb 10
- Session 2: Feb 22- April 14
- Session 3: April 26- June 2
- Session 4: June 14-July 21
- Session 5: Aug 2- Sept 8
- Session 6: Sept 20-Nov 3
- Session 7: Nov 15- Dec 29

### Thursdays

5:30-6:30 & 6:30-7:30

### Saturdays

1:00pm-2:00 pm

### WHERE

Washington County Family YMCA  
Multi-purpose Room

### WHO

Youth ages 5 and up

### INSTRUCTORS

Josh Tullis            Thursdays  
Evan Motsinger      Saturdays

### COST

Member                \$25  
Non-Member          \$40

### QUESTIONS

Chelsey Miller  
Youth First Director  
(812) 883-9622 / [Chelsey@wcfymca.org](mailto:Chelsey@wcfymca.org)

## REGISTRATION

### MARTIAL ARTS

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

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

City, State, Zip: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sex: M F

Parent 1 Name: \_\_\_\_\_

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

Parent 2 Name: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Preferred Contact Method: \_\_\_\_\_

Phone Number to use for Text Alerts: \_\_\_\_\_

### Session:

Session 1  Session 2  Session 3  Session 4

Session 5  Session 6  Session 7

### Time:

Thursdays @ 5:30pm-6:30pm

Thursdays @ 6:30pm-7:30pm

Saturdays @ 1:00pm-2:00 pm

**\*Sign-up for just one session or register ahead for the year & we'll schedule your payments for the upcoming sessions!**

This registration form is complete and accurate, and participant has permission to engage in all activities unless otherwise specified in writing. I understand the Washington County Family YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her participation in athletics, the use of any equipment, facilities, exercises, or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses which may result from his/her participation in these activities. I acknowledge that my child has been medically cleared to participate in vigorous physical activity. I also understand that there is a risk of injury while participating in physical activity by my child. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. In the event of a medical emergency, I understand that appropriate measures will be made to contact parents, guardians, and emergency contacts listed, however, give permission for the YMCA to contact EMS on behalf of my child for treatment should arise. I understand that I assume the obligations that may arise from this event, should it occur. I also give permission to the personnel of the Washington County Family YMCA and or local media to take photographs of my children to be used in marketing materials for the YMCA. I also acknowledge that in the event of inclement weather, staff illness, or other contributing factors causing a class to be cancelled by the YMCA, every effort to make up the class(es) during the week following scheduled semesters' end will be made. In the event that class(es) cannot, or are elected to not, be made up by the YMCA during that time, participants will receive credit towards the upcoming semester, to be utilized for that semester only. Classes missed due to personal factors will not result in credit being issued, or in registration fees being refunded in part or whole. I verify that I have the legal authority to speak on behalf of this minor, and assume responsibilities as stated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE:**

Date \_\_\_\_\_ Amt.Pd. \_\_\_\_\_ Receipt #: \_\_\_\_\_

Fin. Asist.: \_\_\_\_\_ Staff Initials \_\_\_\_\_

**IMPORTANT INFORMATION:**

There will be no class the week of:

March 18-24 (Spring Break)

March 25-31 (Spring Break)

Fall Break in October (TBD)

November 22nd or November 24th (Thanksgiving Holiday)

\*makeup days are built into the schedule

**WE NOW USE REMIND!**

Whether it's a reminder about a new session starting or the canceling of a class. We now have a way to send out communication quickly and easily straight to you. Using Remind, our instructors and staff can communicate with our families. Remind can send you a text, email or notification straight to their app when a new notification comes up. Please indicate your preferred phone number you would like for us to use to contact you on the registration form.

**Consider becoming a MEMBER!**

Y Members receive many benefits, including discounts on our quality programming! Contact our Front Desk for more details on how a membership can work for you!

**Attire**

Students are encouraged to wear a white shirt and comfortable black pants. If your student wishes to purchase a gi at an additional cost, please consult your instructor for details and pricing. Belts may be purchased through your instructor as well upon earning.

**Testing**

Testing dates will be scheduled by the instructor and communicated accordingly. Please see Instructor for details.

\*Registration for current and upcoming programs are on a first come, first serve basis. The Washington County Family YMCA strives to serve all, and will institute a waitlist once a session is full. RSVP now to guarantee your spot.