



RECREATION DEPARTMENT

388 PLEASANT STREET, SOUTHINGTON, CT 06489
RECREATIONDEPT@SOUTHINGTON.ORG; 860-276-6219
[HTTPS://WWW.SOUTHINGTON.ORG/RECREATION](https://www.southington.org/recreation)

DAVID A. LAPREAY
*Director of Recreation,
Youth & Senior Services*

JULIA BERARDINELLI
Administrative Assistant

PROGRAM: Kick-Fit Kickboxing: Ages 13+ (*January-February 2024*)

FEE: \$99.00 per person

DUE BY: Friday, January 12, 2024

PARTICIPANT'S NAME: _____ AGE: _____

PARENT/GUARDIAN'S NAME (IF UNDER 18): _____

PHONE: _____ E-MAIL: _____

KNOWN ALLERGIES &
MEDICAL CONDITIONS: _____

CHOOSE ONE PROGRAM OPTION: ☐ **Daytime** (Tues/Thurs/Sat Class Options)

☐ **Evening** (Mon-Thurs PM + Sat AM Class Options)

I hereby affirm that I am an adult participant age 18 years or older or that I am the parent or legal guardian of the above-named child and they have my permission to participate in the Kick-Fit Kickboxing classes offered by Leadership Martial Arts in partnership with the Town of Southington Recreation Department. I acknowledge the fact that a risk of injury may exist due to the nature of the activity. As such, I agree to hold the Town of Southington, Leadership Martial Arts, its instructors and all persons connected with the program harmless in the event of any injury incurred. I am also aware that there are no medical personnel in attendance, and I authorize the program staff to act for me or my child accordingly, using their best judgment, in the event of an emergency requiring medical attention.

SIGNATURE OF ADULT PARTICIPANT OR CHILD'S PARENT/GUARDIAN

DATE

SUBMIT FORM & PAYMENT BY MAIL: Recreation Department, 388 Pleasant Street, Southington, CT 06489

-OR- IN PERSON: Southington Calendar House Senior Center, 388 Pleasant Street
Office Hours: Monday-Friday, 8:30 am – 4:30 pm

Please Make Check or Money Order Payable to "Town of Southington"