NINJA NIGHT - PARENTS NIGHT OUT

- **Halloween Costumes Allowed**
- **For 6-13 yrs old**
- **For Students & Non-students**

- **Springfield: 703-644-4889**
- **Burke: 703-372-5877**
- **Kingstowne: 703-971-8560**
- **Fairfax: 703-425-8425**

Saturday, October 29th

5:30pm - 5:45pm	Drop Off
5:45pm - 6:30pm	TKD Practice
6:30pm - 7:00pm	Pizza Dinner
7:00pm - 8:00pm	Group games
8:00pm - 9:30pm	Movie & Pick Up

Cost:	Register by 10/15	after 10/15	on the day of
Individuals	$40 each	$45 each	$50 each
Additional family members	$30 each	$35 each	$40 each
E memberships	$30 each	$35 each	$40 each

Registration Form

Halloween Costumes Are Allowed!

Choose your location:

__Springfield   ___Burke   ___Kingstowne   ___Fairfax

1st Child's Name_____ Age___ Sex___

2nd Child's Name_____ Age___ Sex___

3rd Child's Name_____ Age___ Sex___

Parent(s) Name(s)_____

Address_____

Home Phone_____

Email_____

Emergency Contact_____

Total Fee_____

Choose Your Pizza:

__Cheese   ___Pepperoni

(Please include payment along with form. Payments are non-refundable)

Disclaimer:

As the parent or guardian of a student, I understand that Elite M.A. Center take reasonable precautions to insure that programs and activities at Elite M.A. Center are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks and include, but are not limited to, martial art class and land sports. I, the undersigned, recognize these risks and agree to assume these risks by allowing my child to attend Elite M.A. Center and participate in these programs. I, as parent or guardian of a student, hereby release, discharge and agree to release Elite M.A. Center, its directors, officers and employees from all liability for damage, injury, or illness to the students or his/her property relating to or deriving from his/her presence at Elite M.A. Center or participation in any Elite M.A. Center sponsored activities. I understand that by allowing my child to attend programs and classes at Elite M.A. Center, I agree to allow the use of photographs or images of my child in appropriate marketing material.

Parent Signature_____ Date_____