

# 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 25th

|                 |                 |
|-----------------|-----------------|
| 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 10/11 | after 10/11 | on the day of |
|---------------------------|-------------------|-------------|---------------|
| Individuals               | \$45 each         | \$50 each   | \$55 each     |
| Additional family members | \$35 each         | \$40 each   | \$45 each     |
| E memberships             | \$35 each         | \$30 each   | \$45 each     |

**Bring a Non EMA friend in for FREE**

*(Burke Location Only - Each guest must complete a separate registration form)*

## Registration Form

**Choose your location:**

☐ Springfield    ☐ Burke    ☐ Kingstowne    ☐ Fairfax

1st Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

2nd Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

3rd Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

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

Total Fee \_\_\_\_\_

**Choose Your Pizza:**

*(Please include payment along with form. Payments are non-refundable)*    ☐ Cheese    ☐ Pepperoni

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 \_\_\_\_\_