

Ninja Night/Parents Night Out

- Valentine's Day Weekend
- 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, February 14th

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 1/31	after 1/31	on the day of
Individuals	\$45 each	\$50 each	\$55 each
Additional family members	\$35 each	\$40 each	\$45 each
E memberships	\$35 each	\$40 each	\$45 each

Registration Form

Bring A Non-EMA friend in for FREE
(Burke Location Only – Each guest must complete a separate 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 _____

Phone _____

Email _____

Emergency Contact _____

Allergies _____

Total Fee _____

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

Choose Your Pizza:

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 _____