

SI After School Fall Program

Martial Arts

A life changing experience is coming to
Springboro Intermediate!

Who: ALL SPRINGBORO INTERMEDIATE STUDENTS are invited to attend as part of the PTO After School Enrichment Program!

What: Martial Arts classes taught by an experienced Black Belt Instructor **Ernie Reyes' World Martial Arts instructor Bu Sah Bum Nim Jenny Oest**

When: Tuesdays and Thursdays after school from 2:45 – 3:30pm, beginning Tuesday, October 6, 2009, and ending October 29, 2009. Students may continue training each month, learning new material and advancing in rank!

Where: Springboro Intermediate Multi-purpose Room

Why:

- It provides a means of self-defense.
- It builds a sound body as well as a sound mind.
- It enhances conditioning, flexibility, agility, and coordination.
- It helps to release stress and tension.
- It aids in weight reduction, increases endurance, and lowers heart rate.
- It develops confidence, respect, discipline, character, concentration, and leadership.

Cost:

- **\$50/student**
- Includes the required uniform pants and top (a \$30 value) – yours to keep! (First month only)
- Includes the white belt (upon completion of class requirements.)
- Includes eight afternoon sessions (7 classes and 1 board breaking workshop.)
- Includes an opportunity for students to test for a color belt at the last session (additional test and belt fee required.)
- Includes an opportunity for **all students** to participate in BOARD BREAKING during the last session. (Parents – you won't want to miss seeing this!)

To register, complete the bottom of this form, and both sides of the "Child Evaluation" form. Return both pages to school with your **check (made payable to Jenny Oest) no later than Friday, September 25, 2009.** *Class size **will be limited**, so register early!* If you have any questions, contact Jenny Oest at (937) 748-1346 or email jennyoest@yahoo.com.

Yes, register me for the PTO Enrichment Martial Arts classes at Springboro Intermediate. My Child Evaluation form and my check for \$50 made payable to Jenny Oest is attached.

Student's Name: _____ Teacher: _____ Grade: _____
Age: _____ Pant Size: _____ Shirt Size: _____ Contact Phone: _____
Contact email address: _____



Ernie Reyes' World Martial Arts Association

Springboro Martial Arts

CONFIDENTIAL

Child Evaluation Sheet

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE _____ PHONE: _____

PARENT'S NAMES: _____ EMAIL: _____

GENERAL INFORMATION

How did you hear about Ernie Reyes' World Martial Arts Association? _____

Has your child ever taken Martial Arts? _____

Does your child have any physical disabilities or abnormal conditions? _____

What are your child's average school grades? _____

If your child was in Martial Arts training now, what would you like to see him or her achieve? _____

Please briefly describe your child's:

Personality: _____

Temperament: _____

Behavior: _____

Coordination: _____

Attention Span: _____

PERSONAL DESIRES:

Please check (✓) as many areas of development that you desire from the following:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Physical Fitness | <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Coordination | <input type="checkbox"/> Physical Discipline |
| <input type="checkbox"/> Attention Span | <input type="checkbox"/> Determination | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Emotional Discipline |
| <input type="checkbox"/> Self-Fulfillment | <input type="checkbox"/> Mental Discipline | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Quickness of Reflexes |
| <input type="checkbox"/> Inner Awareness | <input type="checkbox"/> Tension Relief | <input type="checkbox"/> Self-Defense | <input type="checkbox"/> Posture & Poise |
| <input type="checkbox"/> Self-Image Development | <input type="checkbox"/> Perseverance & Endurance | <input type="checkbox"/> Focus | <input type="checkbox"/> Speed, Perception & Agility |

CONDITIONS OF MEMBERSHIP

I understand that the course for which I am making application has inherent risks of accidental physical injury, and I agree that the risk of such injury is assumed by me. In consideration of being permitted to enroll with Ernie Reyes' World Martial Arts Association for a course in self-defense, I, my personal representatives, assigns, heirs, successors in interest, and next of kin, hereby release, waive, discharge, and covenant not to sue Ernie Reyes' World Martial Arts Association, it's owner Gregory L. Fears, Springboro Martial Arts, it's owner Jenny E. Oest, principals, instructors, agents, directors, officers, promoters, sponsors, or advertisers, all for the purposes herein referred to, from all liability to me, my personal representatives, assigns, heirs, successors in interest, and next of kin for all loss and/or damage whatsoever, and any claim or damage therefore, on account of injury to my person or property or resulting in my death, whether caused by negligence or any other acts of the Association.

I agree to abide by the rules and regulations of the Association at all times while on Association premises, or at any sanctioned contest or exhibition of martial arts. I also understand that the Association assumes no responsibility for lost or damaged personal property.

Ernie Reyes' World Martial Arts Association reserves the right in its sole discretion to terminate or suspend any student from participation in the course of the instruction in self-defense for fighting, assault or other acts of physical violence, or violations of the law.

I HAVE READ THE CONDITIONS OF MEMBERSHIP AND AGREE TO ABIDE BY THEM.

Signature of Student

Date

Parent or Legal Guardian Signature

Date

Association Signature