

**Clark's Self Defense  
at The Classical Academy**



**Enrollment is on-going  
Mondays or Fridays 3:30 - 4:15  
Ages 4 and up are welcomed**

This program is not affiliated with The Classical Academy or Sarasota County School District

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**Self Defense/Karate Class Registration  
Classes will be offered at The Classical Academy  
on Mondays or Fridays after dismissal.**

Student's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ OK to text? \_\_\_\_\_ e-mail: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_  
Mondays (grades pre-K - 2) \_\_\_\_\_ Friday (grades 3 - 5) \_\_\_\_\_

By registering for this program, your child will take one 45-minute Karate class on Mondays or Fridays of each week from **August 21, 2023** to the end of **May 2024**, unless you contact Clark's Self Defense to cancel. There is no fee to cancel. Registered students will be allowed to attend classes in August at no charge. There will be no refunds for unused classes, however, missed classes can be made up at the Clark's Self Defense studio located at 8261 Blaikie Court in Sarasota. Make up classes must be completed during the same month classes were missed.

The cost of the Karate program is \$95/month per child. All fees will be charged to the Credit Card provided below on the 1st of every month. Karate uniforms will be worn to each class. The cost of the uniform is \$35, and it should be ordered directly from Derrick Clark at the start of program.

PLEASE BRING THIS FORM TO FIRST CLASS OR MAIL TO 8261 BLAIKIE CT, SARASOTA 34240 OR EMAIL TO DERRICK.CLARK@COMCAST.NET.

I, \_\_\_\_\_ authorize Clark's Self Defense to deduct \$95 from my credit card provided on this form, on the 1st of every month, for the following months: September 2023 through May 2024, unless I cancel. Cancellations must be made at least 1 full week before the 1st of the month to avoid being charged for that month.

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card: \_\_\_\_\_ CVV: \_\_\_\_\_ Zip: \_\_\_\_\_

Sign \_\_\_\_\_ Print \_\_\_\_\_ Date \_\_\_\_\_

For more information, please visit [www.clarkselfdefense.com](http://www.clarkselfdefense.com) or call Derrick Clark at 941-225-1065