



WATCH YOUR CHILD GROW!

MARTIAL ARTS INCLUDES LEARNING...



MEDITATION



MINDFULNESS



MATHMATICS

HAVE PEACE OF MIND KNOWING THAT YOUR CHILD IS IN A POSITIVE, SAFE AND FUN LEARNING ENVIRONMENT WITH RESPONSIBLE, YOUTH-ORIENTED EXPERIENCED, AND TRAUMA-INFORMED ADULTS

GFORCE Youth Enrichment Corporation 3M ASI program offers a Therapeutic Martial Arts and Youth Development Program utilizing ancient approaches of training youth to acquire the ability for mind, body and spirit to act as one. Martial Arts practitioners strive for harmony, emotional, intellectual/academic, physical, mental, emotional, and self-trust and confidence. They will also develop effective, non-violent self-defense, and self-protection techniques, while learning how to navigate themselves thru student issues, critical thinking and problem-solving. These teaching/learning strategies also include:

- **Academic Support** –We provide an integrated and strong math, story writing, reading and tutorial program, which is designed for each child.
- **Fitness/Health**- Your child will learn the importance of being fit, to obtain and maintain proper weight through rigorous fitness routines at each session.
- **Self-Discipline** - Martial arts instills mind focusing focus in your child; giving her/him the ability to concentrate on a task and see it through to its conclusion, which translates to grades, positive behavior and task-completion at school, home, in the community.
- **FREE UNIFORM WITH ENROLLMENT**
- **START DATE SATURDAY'S 2020 COST \$50 PER MONTH!**



WEEKEND AFTER SCHOOL, AND EVENING PROGRAMS AVAILABLE

**EVERYONE LEARNS – EVERYONE GROWS
A FUN, HEALTHY AND POSITIVE EXPERIENCE AND ACTIVITIES**

Registration/Enrollment Form

Date _____

Student's Name: _____ Gender: __ Male __ Female

Address: _____ City: _____ Zip _____

State: _____ Zip: _____

Date of Birth: _____ Telephone #: _____ Email _____

Name(s) Parent(s) Guardian(s) _____

School District: _____

Emergency Contact (Parent/Guardian): _____ Phone # _____

Address: _____ Email: _____

Program Fee: \$50 per month non refundable

I have made the staff aware of all special health needs and medications required during participation in this activity. I have consulted with my physicians and verify that my child/children is/are medically fit to participate in this activity.

Signature of Parent/Guardian _____ Date _____

Print name of Parent/Guardian _____



HOLD HARMLESS

I fully understand that this activity could cause serious illness and/or injury, and I assume all risks for such illness and/or injury. In the event of illness or injury as a condition of my child/children's participation in this activity, I agree to waive all claims against Milner elementary school ,GFORCE Youth Enrichment Corporation and GFORCE Martial Arts Studio, LLC and Catholic charities and to indemnify and hold its officers, agents, and employees, harmless from any and all liability or claims, one may have against the studio, or that any other person or entity may have against the studio because of any bodily injury, personal injury, illness, or because of any loss to property that may arise out of or in anyway be connected with the above-described activity above and beyond the studio's insurance.

Signature of Parent/Guardian _____

Date: _____

Print name of Parent/Guardian _____

Witness:

Print Name _____

Signature _____