



# Campus Recreation Martial Arts Classes Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_ SCSU ID# \_\_\_\_\_

### Select Class:

- Judo**                      **Monday & Wednesdays**                      **8:00—9:30pm**  
**Cost (Select Category and Circle Month):**
  - Student (Month)                      \$20                      Jan Feb Mar Apr
  - Student (4—Months)                      \$50                      Jan Feb Mar Apr
  - Faculty & Staff/Community User                      \$25                      Jan Feb Mar Apr

**Please read, sign and date the St. Cloud State University, Waiver of Liability, Indemnification, and Release on the opposite page.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18, Parent’s Name and Signature must be provided:**

Printed Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only</b>			
Cashier’s Name: _____	Date: _____	PLU’s: Aikido	300703
		Judo	300731
Total Fee Paid: _____		Soo Bahk Do	300705