



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):**
- | | | |
|---|------|-----------------|
| <input type="checkbox"/> Student (Month) | \$20 | Jan Feb Mar Apr |
| <input type="checkbox"/> Student (4—Months) | \$50 | Jan Feb Mar Apr |
| <input type="checkbox"/> 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: _____

For Office Use Only

Cashier’s Name: _____ Date: _____

Total Fee Paid: _____

| | |
|---------------|--------|
| PLU’s: Aikido | 300703 |
| Judo | 300731 |
| Soo Bahk Do | 300705 |