

Martial Arts for Students With Special Needs



COME AND TRAIN WITH US!

Unique and engaging weekly martial arts classes utilizing stations, group and partner activities. Students will learn the basics of traditional karate, weapons training, free sparring, and jujitsu while working as a part of a special group. Our martial arts is tailored to suit ALL abilities and mobilities.

Hope to see you in the dojo!

Sensei Hancharyk

8 weeks for 125\$/student
Registration now open! Space is limited.

[Call 905-359-9669](tel:905-359-9669)
experiencepa@gmail.com
<http://www.exphysicalactivity.ca>
<https://www.facebook.com/ExperiencePhysicalActivity/>
<https://twitter.com/ExperiencePA>

Program held at the Welland Martial Arts Centre
40 Division Street, Welland, ON

Classes and Times:
 Ages 4-6 11am-11:45am
 Ages 7+ 11:45am-12:30pm
 Teens & Adults 12:30pm-1:30pm
 Wheelchair Karate All Ages 1:30pm-2:30pm
Dates:
 Sat July 9th, 16th,
 23rd, 30th; Aug 6th, 13th, 20th, 27th

Experience Physical Activity 8 Week MA Registration Form
 * Please send registration form to experiencepa@gmail.com

Name of Participant: _____
 Participant DoB _____

Name of Guardian(s): _____

Email: _____

Medical Alerts: _____

Health Card # _____

Phone # _____ 2nd # _____

Emergency Contact Name & Number:

Program begins July 9th through to Aug 27th on Saturdays

Cost is \$125.00. Space is limited.

Payment made by cash, check or email transfer. Make check payable to experience physical activity, and email transfer to experiencepa@gmail.com.

I hereby release Steffannie Hancharyk and 'Experience Physical Activity' and all of its employees and volunteers from all responsibility and liability whatsoever from injuries, losses, and/or damages sustained by the above named participant arising out of his/her association with 'Experience Physical Activity.' I also understand that, in the event of an emergency, the participant's health card must be accessible.

I agree () I disagree ()

I give permission for photos to be taken for marketing purposes.

I agree () I disagree ()

Signature of Participant or Parent/Guardian:

_____ **Date:** _____ (If applicable please fill out our personal strengths / needs and goals questionnaire for new clients)

