

MIXED MARTIAL ART WORKOUT

for Advanced Adults



- WHO:** Advanced Adult (**Black Belt or Equivalent ONLY**)
 * **Proof of rank is required! Must be presented to Coordinator Al Shackil.**
 * **Participation acceptance is subject to approval by the instructor!**
- WHAT:** Workouts will cover Karate, Tae Kwon Do, Ju Jitsu, Cha Na, Judo & Kung Fu Techniques.
- WHEN:** Wednesdays: Continuous Program from 8:00pm to 10:00pm
- WHERE:** Activities Building located at 91 Passaic Valley Road in Montville (across from Willow Creek Stables).
- INSTRUCTOR:** Al Shackil/7th Degree Black Belt
- COST:** NO CHARGE

REGISTRATION PROCEDURE:

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot
For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

For additional Recreation Flyers go to: <http://www.montvillenj.org/RecFlyers>

QUESTIONS ??? Call Recreation: (973) 331-3305 or Visit our Website: www.montvillenj.org



LIKE US on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



MIXED MARTIAL ARTS WORKOUT for Adults 2018-2019

Participant Name _____ M/F _____ Age _____ D/O/B _____

Address _____ Town _____ Zip Code _____

Cell Phone # _____ Home Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # _____

Known Medical Conditions/Allergies _____

Please list any special needs that you may have that will assist us in providing a successful program:

I understand that the Recreation Department DOES NOT provide accident insurance.

I understand that participation in this program is done at my own risk. Recognizing that there is a risk of injury associated with this program, I release, indemnify and hold harmless the Township of Montville, the employees and program instructors from and against any and all claims.

PARTICIPANT SIGNATURE _____ DATE _____

FOR OFFICE USE (11/6/18): Received By _____ Date _____ **PROGRAM # 876**