



MARTIAL ARTS for kids

Mini Martial Arts is for children ages 3—5 years old. This **8-week** program will teach students the fundamentals of the martial arts. Children will learn proper techniques to develop muscle memory while increasing motor skills, hand-eye coordination and balance. Students will be eligible for advancement in rank through belt testing.

Martial Arts is for children ages 6—10. This **8-week** program will teach students the fundamentals of the martial arts and self-defense. Children will learn proper techniques to develop muscle memory while increasing motor skill, hand-eye coordination, speed and balance. An introduction to sparring and first aid skills will also be taught at this level. Students will be eligible for advancement in rank through belt testing.

Instructor: Sensei Mat is a 2nd degree Black Belt in Okinawan Kempo and TaeKwonDo/Hapkido. He is a CDT Tactical Master Instructor and a Nationally Certified Child Safety Instructor. Mat is also a AHA CPR and First Aid Instructor.

MINI MARTIAL ARTS

MARTIAL ARTS

WHEN? Tuesdays / July 6—August 24, 2010

WHEN? Tue & Thu / July 6—August 26, 2010

WHERE? Wall Municipal Bldg / Lower Level

WHERE? Wall Municipal Bldg / Lower Level

TIME? Beginner / 10:00—10:45 a.m.
Advanced / 10:45—11:30 a.m.

TIME? 4:00—5:00 p.m.

FEE? \$65 / Residents
\$75 / Non-residents

FEE? \$160 / Residents
\$170 / Non-residents

DEADLINE: June 29, 2010

Please mail & make checks payable to:

Wall Recreation—2700 Allaire Rd.—Wall, NJ 07719 / 732-449-8444, ext. 251 / www.wallnj.com

Cut here _____

MARTIAL ARTS for kids

Jul—Aug 2010

**Mini—\$65/Residents & \$75/Non-residents
Martial Arts—\$160 / Residents & \$170 / Non-residents**

NAME _____ AGE _____ M ___ F ___

ADDRESS _____ ZIP _____

PHONE # _____ EMERGENCY # _____

E-MAIL ADDRESS _____

PLEASE REGISTER MY CHILD FOR: Mini Martial Arts: Beginner _____ Advanced _____ Martial Arts: _____

I hereby certify that my child is physically capable of participating in the Martial Arts program. Parent/Guardian initials _____

Date Paid _____ Check # _____ Amt _____ Cash Amount _____