



ANDERSON TOWNSHIP PARK DISTRICT

Self-Defense Workshops

Register in advance. Workshops are instructed by Kim Weber, Shotokan Karate of Anderson, 233-3656.
Wear comfortable clothing.

Women Self Defense Workshop, HS and up

This is a personal safety clinic designed for High School aged girls and Women. This hands-on workshop will focus on ways to minimize your chances of becoming a victim and maximize your chances of surviving an attack. Prevention and awareness topics will be discussed, and self-defense techniques will be explained and practiced.

Date: Monday, January 30

Date: Monday, April 30

Time: 7:00pm – 9:00pm

Jr. High Self Defense Workshop, Grades 6-8

This program is being conducted to teach teens two aspects of personal safety; awareness and protection. Awareness will increase an individual's safety and minimize the risk associated with being a targeted victim. Physical self-defense will also be explained and practiced.

Date: Monday, February 13

Time: 6:30 pm – 8:30 pm

Kid Super Self Defense Workshop, Grades K-5

This class will encourage children to recognize their "super powers" to get away from unsafe situations such as strangers and bullies. In addition, kids will learn other personal safety skills including awareness and self-defense techniques. Parents are invited to return early and be a part of the class.

Date: Saturday, March 24

Time: 10:00am – 12:00pm

Self Defense Workshops ~ Winter/Spring 2012

Participant's Name _____ Birthdate ___/___/___ Gender _____ Grade _____
 Parent's Name (if applicable) _____ Phone (h) _____ (c) _____
 Address _____ City _____ State _____ Zip _____ Email _____
 Medical Concerns: allergies, conditions, medications _____
 Emergency Contact Name (different from above) _____ Phone _____

Date:	___ Women's Self Defense	Mon, Jan 30	7:00pm-9:00pm
	___ Women's Self Defense	Mon, April 30	7:00pm-9:00pm
	___ Jr High Self Defense (gr. 6-8)	Mon, Feb 13	6:30 – 8:30 pm
	___ Kid Super Self Defense (gr. K-5)	Sat, March 24	10:00am-12:00pm

Price: ___ \$20 Anderson Resident ___ \$25 Non-Resident Total Due: \$ _____

Office Use Only: Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230
Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*. The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant Name _____ Signature _____ Date _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____
Expiration Date _____ Name on card _____