



2018-2019



www.BatsonMMA.com

cell 714.812.8991

Mixed Martial Arts and Self Defense Program
Enrichment class

- Muay Thai Kicking Boxing
- Judo
- Sambo
- Ju Jitsu
- Catch Wrestling

Monday: 3:15pm to 4:15pm (at OCEAA)

5-6 week sessions

Cost \$90 for 6 classes

Make Checks Payable to: Jeremiah Batson

Room:TBA

Session 1:9/10, 9/17, 9/24, 10/1, 10/8, 10/15

Session 2: 10/22, 10/29, 11/5, 11/26, 12/3, 12/10

Session 3: (2019) 1/14, 1/28, 2/4, 2/11, 2/25, 3/4

Session 4: 3/11, 3/18, 3/25, 4/8, 4/15, 4/22

Session 5:(5 classes for \$75): 4/29, 5/6, 5/13, 5/20, 6/3, 6/10

(Turn in completed form and payment to the KEDS office before the session begins)

Students Name: _____

Grade Level: _____

Parent/Guardian Name: _____

Phone Number: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

After class my child will:

_____ Be picked up by Parent/Guardian (please be on time)

_____ Other (please specify) _____

I give permission for _____, to attend the above activity. It is my understanding that my son /daughter will be under the supervision of Mr. Batson. I further agree to relieve the Board of Education, the School, and any of the officers, agents or employees from any liability in connection with this request so long as due diligence is exercised. I am expected to provide my child with positive feedback and to inform the teacher of any accommodations for my child. I am also aware that my son/daughter will be responsible for remembering to attend all classes.

Parent Signature _____ Date _____