



Confidence Course Centered
Around Our
Self-Assurance Life Lesson
~What is it?
~How to believe in yourself!
~Live life freely and fearlessly!
~Confidently try your best!



## **Emerson Williams Elementary School**

4 Week Confidence and Martial Arts Seminar

\$49

## 100% of the proceeds go to the Emerson Williams PTO

Cash or checks payable to Emerson Williams PTO

Contact Anthony Uccello @ lamagica@live.com

March 25, 28, April 4, 5, 15, 18, 22 & 24 from 3:15-4:00PM Classes will not be on the same day of the week each time.





## **GUEST REGISTRATION**

| SENERAL INF                 | DRMATION   |                               |              |
|-----------------------------|--|-------------------------------|--------------|
| Date                        | Sponsor's Name Emersor   | williams PTO                  |              |
| Student's Name              |  | Age                           | Birth date   |
| Student's Name              |  | Age                           | Birth date   |
| Parents/Gaurdian Name:      |  |                               |              |
| Address                     |  | Email                         |              |
| City                        | Zip  |                               |              |
| Home Phone                  | Office Phone   | Ce                            | ell Phone    |
| Have you or your child e    | ver trained in the Martial Arts be   | fore? ONo                     | ○ Yes        |
| Signature                   | ther personal belongings or bodily injur<br>fit to take the prescribed course of instr | Date                          | reewill.     |
| HILDREN IN                  | FORMATION Ou like your child to accomplish in o  | ur martial arts program       | n?           |
| School                      |  | Grade                         | Teacher      |
| What other Activities/Spo   | rts?   |                               |              |
| Does your child have any n  | nedical concerns that we should be   | aware of?                     |              |
| How did you hear about ou   |  |                               |              |
|                             | Please label each column in order of im  | portance for your child (from | 1 #1 - #4;   |
| Self Confidence Self Esteem | Physical Fitness   | Self Discipline               | Self Defense |