

JOIN IN THE KARATE CLASSES



Instructor Master Howell

Master Secondria Howell of P.H.A.T.S Martial Arts, Inc.

is a fourth degree black belt in the arts of Tae Kwon Do, Tang Soo Do, Hapkido and Judo. She is also a certified cardio kickboxing instructor, and personal trainer.

Master Howell had a vision of owning her own martial arts studio many years ago, believing that if one possessed the principles of hard work, desire for achievement, team work, and self- control that person had the necessary tools to be a great martial artist.

With that philosophy she embarked and began putting students through the martial arts ranks.

PHATS Martial Arts offers several opportunities for training. The student that's looking for self-defense, advancement, and a more dedicated program there is a full time schedule which offers classes 3-4 times per week.

For the student looking for a recreational activity, fun and fitness there's a once a week program. The Forest Park location has also introduced cardio kickboxing and body sculpting to the schedule.

Forest Park location offers summer camp and day camp for children ages 5 and up.

Satellite classes

**A Step Ahead Learning Center
Community Christian School (Early education
and elementary)**

**Eagles Landing Christian Academy
Morrow Early Learning Center
Pride and Joy (Morrow and McDonough
locations)**

Rhodenizer Recreation Center

**PHATS MARTIAL ARTS, INC.
5226 GA HIGHWAY 85 SUITE 5
FOREST PARK GA 30797
678-637-2557**

www.phatsmartialarts.com (website)

www.phatsmartialarts@aol.com (email)



Student Enrollment and Medical Release Form

**P.H.A.T.S Martial Arts
5226 Highway 85 Suite 5
Forest Park, GA 30297
(cell) 678-637-2557
(office) 678-732-9008**

NAME _____ DOB _____

PARENT OR LEGAL GUARDIAN _____

ADDRESS _____

CELL PHONE OR ALTERNATE PHONE _____

EMERGENCY CONTACT NAME AND PHONE _____

EMAIL _____

Please list any and all medical conditions, allergies and medications known to you at this time _____

In the event of an accident, sickness, or injury sustained while under the tutelage of PHATS Martial Arts Inc. I am granting permission to PHATS Martial Arts to consent in my absence to any and all medical attention necessary to the student/client listed above. This consent is pertinent to activities inside or outside, of the karate studio, tournament or any location where martial arts is being performed. By signing this form I am indicating that I knowingly accept and assume the risk of injury that might occur from participation in this program. I acknowledge and understand that there is a risk of injury and I will not hold PHATS Martial Arts, its instructors or co-instructors responsible for any injuries sustained.

While I understand that the program does carry liability insurance it is not a licensed program.

This medical release and authorization is effective from the date signed throughout all participation with PHATS Martial Arts. As parent, guardian, or legal adult I assume all financial responsibility which may result from the above mentioned.

PHATS Martial Arts sometimes uses social media for posting of events, tournaments, training sessions, belt test etc.

I consent to the use of social media I do not consent to the use of social media (circle one)

CHILDS NAME _____ **PRINTED NAME OF PARENT OR GUARDIAN** _____

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____