



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Patriot Building and  
Grounds Maintenance



# PROTECT YOURSELF



*Hands-On Women's Self Defense Class sponsored by Patriot Building and Grounds Maintenance, and the Baker County YMCA*

Do you know what it means to protect yourself? This class will show you how to be aware of your surroundings, as well as teach you basic self-defense moves in case of an attack. It's important for women to know how to protect themselves in threatening situations. A self-defense course builds confidence, hones your reflexes, and increases awareness of how to protect yourself when threatened.

- Instructors: Mr. and Mrs. Erwin & Lorry Watson
- Cost: \$30
- Teens 14 and up may attend with a parent/guardian
- Spouses are welcome to come and help be the "attackers"

**WHEN:** Saturday, June 1<sup>st</sup>  
**TIME:** 9:00 AM to 1:00 PM  
**LOCATION:** CHURCH STREET GYM

\*Financial Assistance Available



**About the instructors:**  
Mr. and Mrs. Erwin and Lorry Watson own Eastern Oregon Family Tae Kwon Do in Stanfield, Oregon. Mrs. Watson is a 2<sup>nd</sup> Degree Blackbelt and Mr. Watson is a 4<sup>th</sup> Degree Master Blackbelt in Tae Kwon Do.

**P-R-I-N-T NEATLY**

Participant's Name \_\_\_\_\_  
(First) (Last)

Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail: \_\_\_\_\_

For participants under the age of 18:

Parent / Legal Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Work / Cell# \_\_\_\_\_

Parent / Legal Guardian \_\_\_\_\_ Home # \_\_\_\_\_ Work / Cell# \_\_\_\_\_

**EMERGENCY CONTACT (other than Parent/Guardian)**

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work / Cell # \_\_\_\_\_

**Women's Self Defense Class Fee: \$30**

WAIVER and AUTHORIZATION. On my behalf, or on behalf of my child: I certify that I/my child is in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for my child. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my or my child's participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damages and for any claims or causes of action arising from my or my child's participation in the program. I give permission for media to use pictures taken of me or my child(ren) to be used for YMCA promotional purposes.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

\_\_\_\_\_  
Participant / Parent / Legal Guardian Signature Date

**\*All members and prospective members must have a Baker County YMCA Waiver and Authorization form on file to participate.**

**BRING COMPLETED FORM AND FEE TO:**  
Baker County YMCA  
3715 Pocahontas Rd  
Baker City, OR 97814  
(541)523-9622

FOR OFFICE USE  
Amount Paid \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date \_\_\_\_\_

REVISED APR-2019