



SPRING CAMP APPLICATION

This entire form must be completed in order to be registered!

Session Dates: April 10- 14	Camp Rate: 185 per child	
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Drop-off Time: 7:30 – 8:00 AM

Pick-up Time: 5:30 – 6:00 PM

STAFF USE ONLY: Registration Fee: \$50 Method: _____ PD Camp Info Packet sent: Yes/ No Date of Application Submitted: _____ Notes: Staff Initial: _____

CAMPER INFORMATION

1. Child Name: _____ Age: _____ Sex: M / F

Child's T-Shirt Size: (Circle one) Youth S / Youth M / Youth L / Adult S / Adult M / Adult L

2. Child Name: _____ Age: _____ Sex: M / F

Child's T-Shirt Size: (Circle one) Youth S / Youth M / Youth L / Adult S / Adult M / Adult L

School Name: _____ Would you be interested in Afterschool program: Yes / No

Home Address: _____

City: _____ State: _____ Zip: _____

Parent INFORMATION

Mother's Name: _____ Father's Name: _____

Cell Phone #: _____ Cell Phone #: _____

Additional Phone #: _____ Additional Phone #: _____

Primary E-mail Address: _____ (must be valid to process registration)

Credit Card Information:

Card Type: _____ (American Express not accepted) Card Number: _____

Expiration Date: (Month/Year) ____/____ Zip Code: _____ CVV: _____

In the event a nonpayment by the due date, I authorize my credit card to be charged for the amount due plus late fees.

Initial here X: _____

Person(s) Authorized to pick up child(ren) or Contact in Case of Emergency:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Release for Emergency Care

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child(ren) (Full Name) _____ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

MEDICAL HEALTH NOTIFICATION

Does the participant(s) require Medication: Yes___ No___ If yes, Who: _____

Medicine: _____ Dosage: _____ Time/Frequency: _____

Prescribing Doctor: _____ Phone #: _____

PHYSICIAN'S NAME/HEALTHCARE FACILITY

Child's Allergies: _____

Child's Medications: _____

Other Health

Concerns/Conditions: _____

Physician Name/Facility: _____ Phone # _____

Health Insurance Company: _____ Policy #: _____

ACTIVITY/PROGRAM FIELD TRIP LIABILITY RELEASE/AUTHORIZATION: I hereby give permission for the applicant(s) to participate in all program activities, including field trips in vehicles and agree to release US-K Martial Arts, its employees, and staff from all liability arising from any accident/harm/injury by the participation of my child(ren) in the program stated above. Parent/legal guardian understands that accidents and/or injuries could occur during activities and is willing to accept any and all risks involved with having their child/children attend camp at *US-K Martial Arts*. By way of copy of this form, I authorize the staff and employees of US-K Martial Arts to obtain medical/hospital treatment for the above participant in the event of an emergency. The undersigned for the purpose of enjoying the benefits of instruction agrees to the below conditions and agrees to pay fees as described in the payment agreement. It is understood and agreed that any tuition/fees/payments should not be returned to the enrollee/parent/guardian for any reason. I willingly agree to obey the instructions in all ways, and it is understood and agreed that this Center shall not be liable for any damages or injuries from lessons. The enrollee understands that there is a risk of personal injury involved in said course of instruction and with this knowledge agrees to indemnify and save harmless the Center from all losses caused by accident or injury to the enrollee or to third persons who may be enrollees by the Center, in the event that either the enrollee or said third person is injured in any way during the proper performance and execution of martial arts instruction. Because of the physical demands of martial arts instruction, enrollee understands that he or she must be in good physical condition to participate in said instruction and hereby certifies that he or she is in good physical condition. I pledge never to use the knowledge gained at this Center except to protect the well being of the defenseless of myself. I, the undersigned, upon being permitted to join, will obey the rules, and will endeavor to conduct myself in a manner of a student in my daily life and in class, and will never do anything to bring disgrace upon the Center. I understand and accept that I may be photographed or videotaped during class, testing etc, for advertisements, commercials, etc. for the use of the Center. I give consent for my child to leave US-K Martial Arts site, participate in authorized trips and to ride in authorized vehicles for the purpose of transportation in connection with the US-K Martial Arts Camp. I verify that the information provided by me on this form is both accurate and complete, I understand there are no refunds and I understand and agree to comply with the rules and regulations herein described.

I understand that all payments are non-refundable.

Parent / legal guardian Signature: _____ Date: _____