

CG Martial Arts Academy Summer Camp Registration Form

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ E-Mail: _____

Emergency Contact #1 Name: _____ Phone: _____

Emergency Contact #2 Name: _____ Phone: _____

Medical Information: Does the participant have any medical condition that the Instructor(s) should be aware of? (i.e. diabetes, ADD, asthma, seizures, allergies, etc.) **If yes, please explain:**

Photos: I give permission for my child to be videotaped or photographed by CG Martial Arts Academy Instructors to be used for activities and for any program advertisements for CG Martial Arts Academy.

Parent/Guardian Signature: _____

Summer Camp Registration

Camp is every Monday, Wednesday and Friday from 8:30am-12:30pm during the dates of June 20-July 1. Cost is \$250 per session and if a family member is registering, they will receive a \$50 discount off of registration. Summer Camp DVD may be paid for at the time of deposit, payoff or on the last day of camp, cost is \$10 per DVD.

1)

Last Name:	Birth Date/Age:					
First Name:	<i>(Please Circle)</i> M / F					
T-Shirt Size: <i>(Please Circle)</i>	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large
Weapon: <i>(Please Circle)</i>	Nunchaku		Sword		Staff	
	Black w/Dragon or Royal Blue		28" 33" 40"		4' 5' 6'	

2)

Last Name:	Birth Date/Age:					
First Name:	<i>(Please Circle)</i> M / F					
T-Shirt Size: <i>(Please Circle)</i>	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large
Weapon: <i>(Please Circle)</i>	Nunchaku		Sword		Staff	
	Black w/Dragon or Royal Blue		28" 33" 40"		4' 5' 6'	

3)

Last Name:	Birth Date/Age:					
First Name:	<i>(Please Circle)</i> M / F					
T-Shirt Size: <i>(Please Circle)</i>	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large
Weapon: <i>(Please Circle)</i>	Nunchaku		Sword		Staff	
	Black w/Dragon or Royal Blue		28" 33" 40"		4' 5' 6'	

I/we hereby release and forever discharge CG Martial Arts Academy, Instructors, volunteers, representatives, employees, and any and all other persons, firms or corporations who are or might be liable from any and all claims of any kind or character which I/we have or may have against them due to my child's participation in a CG Martial Arts Academy summer camp program. The waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of the summer camp program. In that regard, I/we consent to indemnity, defend and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorney's fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of CG Martial Arts Academy, its Instructors, volunteers, or employees.

Signature: _____ **Date:** _____

***Pre-registration deposit is \$50 to reserve your child's spot in camp, deposit is refundable if child is withdrawn before June 3, 2012. After June 3, 2012 no refund will be given on the deposit. If paid in full, payment will be refunded less the deposit amount.**

Office Use Only

Pre-Registering: Yes or No Paying in Full: Yes or No Paying for Camp DVD: Yes or No

Cash \$ _____ Check \$ _____ Check Number _____ Total Amount Due: \$ _____ Instructor Initials _____