



Summer Camp Enrollment/Information Form

Date: _____

Camps Will Attend:

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

Child's Name: _____ Age: ____ Birth: ____/____/____ M or F

Child's Name: _____ Age: ____ Birth: ____/____/____ M or F

Parents' Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Ext. _____

Cell Phone: (____) _____ Email: _____

Persons Authorized to Remove Child (Identification Required)

1. _____
NAME RELATIONSHIP PHONE

Medical Information

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions): _____

List any additional information which would be beneficial for the staff of Impact Martial Arts to know about your child: _____

Preferred Physician: _____ Address: _____

Phone: _____ Preferred Hospital: _____

Emergency Contact (Other Than Parents)

1. _____
NAME RELATIONSHIP PHONE

Authorization for Emergency Medical Treatment

If my child, _____, should become ill or injured at
CHILD'S FULL NAME

Impact Martial Arts or Activities relating to, I understand that the Facility will: (1) Contact me immediately and (2) Contact the person(s) I have designated if I cannot be reached. Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.

Signature of Parent or Legal Guardian	Relationship	Date
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GENERAL INFORMATION

All Summer Camps start at 9 a.m. and end at 1:00 p.m. daily.

A dollar a minute late fee will be charged for pick-ups after 1:30pm. Initial _____

The following items are *required* on a daily basis: snacks, drinks, and casual clothing.

We are only accepting students on a first come basis. Complete registration (with non-refundable payment) is required to reserve child's spot.

Statement of Cooperation and Release

Impact Martial Arts, Inc. urges all applicants, students, parents, legal guardians, members and/or guests to obtain a physical examination prior to attendance in camps. In recognition of the possible danger connected with any physical activity, Undersigned, Student, Parent or Legal Guardian and member hereby knowingly and voluntarily waives any right of cause of action of any kind whatsoever arising as the result of such activity from which any liability may or could occur or accrue to **Impact Martial Arts, Inc. and its Officers, Agents, Employees or Instructors.**

As the Undersigned, I recognize that the camps may be modified at the discretion of **Impact Martial Arts, Inc.** and **Impact Martial Arts, Inc.** will give prior notice of such modifications by general announcements. I recognize that leadership training is an integral part of the discipline of the Martial Arts, and therefore students at higher belt levels may assist instructors in providing instruction and supervision in classes. I/we agree to cooperate with the staff and instructors in a supportive manner. I/we agree to timely pay our financial obligations to the Center and Program.

As Undersigned there are no refunds or cancellations, and I have read, understand, accept and agree to the above and preceding.

Signature of Parent or Legal Guardian	Relationship	Date
	Authorized Staff	Date