



Camp Enrollment/Information Form

FULL DAY CAMPERS ONLY
PLEASE CIRCLE:

PIZZA OK? Y or N
SODA OK? Y or N

Date: _____

Camps Will Attend:

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____
9. _____ 10. _____

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

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

GENERAL INFORMATION

All Half Day Camps start at 9 a.m. and end at 1 p.m. daily

All Full Day Camps start at 9 a.m. and end at 6 p.m. daily

**A dollar per minute late fee will be charged for pick-ups after:
1 pm (For half day campers) or 6:00 pm (For full day campers)**

**I understand the late fee policy.
Early drop offs are NOT permitted.**

Initial _____

Initial _____

The following items are required on a daily basis: lunch, 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



Impact Martial Arts, Inc. Waiver and Release of Liability

General Activities:

I expressly warrant and represent that I am the legal guardian of (participant's name(s)) _____ on whose behalf I am completing this registration, and have full legal authority to agree to the terms contained in this Waiver and Release of Liability.

In this document, the participant(s) at Impact Martial Arts Inc. on whose behalf I am completing this registration is referred to as "my ward". I understand that I am giving my ward permission to participate in all activities, including all physical active games, other games, arts and crafts, and other activities.

Electronics/Personal Property:

I understand that any items, including all electronic devices, my ward brings to Impact Martial Arts Inc. are the sole responsibility of my ward, and Impact Martial Arts Inc. is in no way responsible for lost, missing, stolen or damaged items.

_____ (initial)

Publicity release:

Impact Martial Arts Inc. may use any photos or video taken of my ward for promotion of Impact Martial Arts Inc.

_____ (initial)

Assumption of Risk and Indemnity:

I acknowledge and fully understand that my ward may engage in activities at Impact Martial Arts Inc. that involve risk of injury. These activities include martial arts, running on the mat, physical games on the mat such as dodge ball, moon ball, exercise, sporting events and other activities that involve the risk of tripping, falling, slipping and similar risks that could result in serious injury and/or death. There may be other risks not known to us or not reasonably foreseeable at this time. I assume all the foregoing risks, accept personal responsibility for any damages incurred by my ward following such injury, permanent disability or death, and agree to indemnify and hold Impact Martial Arts Inc. and their employees, volunteers and partners in the operation of Impact Martial Arts Inc. harmless from and against all claims, costs, expenses and liabilities, including attorney fees, for injury to person or property arising in connection with my ward's participation in activities at Impact Martial Arts Inc. and the use of facilities and equipment owned by Impact Martial Arts Inc.

_____ (initial)

I acknowledge that I have carefully read the above Waiver and Release of Liability, understand its contents, and I recognize that by signing this legally binding agreement on behalf of myself and my ward and other parents and guardians of my ward, we are freely giving up substantial rights and assuming all risk of injury, death and property damage. I understand this document and agree to all content described.

Parent/Guardian Signature _____

Date _____