

SPRING BREAK WEAPONS CAMP REGISTRATION FORM



- MARCH 11-14 KATANA
 MARCH 11-14 TONFA

TIMES: 10AM-12PM

Student Information

Student's Name: _____
Home Address: _____

Today's Date: _____
Date of Birth: _____ Age: _____
Home Phone: _____
Email: _____

Is this child on any medication? Please list medication and reason _____

<u>Mom's Name:</u> _____	<u>Dad's Name:</u> _____
Occupation: _____	Occupation: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Emergency Contact Name: _____ Phone #: _____

Registration information:

- We only have 20 spots per camp session. We will not be able to make any exceptions to this rule.
- Registration is on a first come – first serve basis... we expect spots to fill quickly!
- Full registration fee (\$175) due at time of registration.
- Registration may be paid by cash or check, or credit card.
- Registration non-refundable but may be transferred to another child if needed.

Releases:

I represent that my child _____ is physically fit to receive and participate in this program and I understand that Karate Works Martial / Karate Works Family Fitness and / or it's owners and instructors will not be held liable for any injuries, damages, etc. not caused by or resulting from the negligence of the owners, operators, or persons in charge of this establishment. I likewise assume full responsibility for all my / my child's actions in connection with this martial arts / exercise program. In the event of injury, I hereby certify that the above named student may be given any necessary emergency medical treatment and transferred to Cook's Children's Hospital if needed.

Signature: _____

Date Signed: _____

I hereby permit Karate Works to use, in whole or in part, photographs and or videos, of the above named student for the purpose of illustrations and publications including our website.

Signature: _____

Date Signed: _____