

JIU JITSU CAMP



REGISTRATION FORM

9AM-12PM

JULY 8-12, 2024

JULY 15-19, 2024

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 _____

Mom's Name: _____
Occupation: _____
Work Phone: _____
Cell Phone: _____

Dad's Name: _____
Occupation: _____
Work Phone: _____
Cell Phone: _____

Emergency Contact Name: _____ Phone #: _____

Releases:

I represent that myself or 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: _____