# MARTIAL ARTS WEAPONS CAMP **REGISTRATION FORM**



JUNE 3~6 JULY 1~4 JULY 22~25 BO STAFF AUGUST 5~8 KATANA

KATANA SMALL WEAPONS

## TIMES: IOAM-IZPM

## **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

Dad's Name:   Occupation:   Work Phone:   Cell Phone:
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 guickly!
- 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.

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#### **Releases:**

is physically fit to receive and participate in this program and I understand I represent that my child 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: \_\_\_\_\_