

ISAAC'S MARTIAL ARTS

Summer Camper Information/Registration Sheet

SECTION 1: Camper INFORMATION

NAME		DOB		Grade	
		Age		Allergies	Y / N
Address		Name of Sibling being enrolled			
		DOB of Sibling			

SECTION 2: PARENT/GUARDIAN INFORMATION

Parent/Guardian Name			
Relationship to Child			
Contact information:	Home Phone		
	Cell Phone		
	Work Phone		
	Email Address		

SECTION 3: CAMPS STUDENT WILL BE ATTENDING

10 Week Selection	There is a 15.00 deposit due for each week selected per child at time of registration (nonrefundable and nontransferable)		Selection
Camp Dates	Camp Theme / Character Lesson Study	Scheduled Field Trips and Additional Charges	Selection
Week 1 June 17 – June 21	Nerf Wars / Respect	Putt-Putt Included in Camp Fees	
Week 2 June 24- June 28	TMNT Weapons/ Respect	NC Zoo \$15.00	
Week 3 July 1 –July 5	July 4 th Cookout / Responsibility	Park Cook Out Included in Camp Fees	
Week 4 July 8-July 12	Noodle Wars /Responsibility	Roll About Skating Included in Camp Fees	
Week 5 July 15-July 19	Laser Tag / Courage	Science Museum \$15.00	
Week 6 July 22-July 26	Harry Potter / Courage	Putt-Putt Included in camp Fees	
Week 7 July 29-Aug 2	Sports training / Loyalty	Painted Grape Included in Camp Fees	
Week 8 Aug 5-Aug 9	Super Hero / Loyalty	Super Hero Scavenger Hunt Included in Camp Fees	
Week 9 Aug 12-Aug 16	Ninja Warrior / Determination	Wet – Wild Water Park \$25.00	
Week 10 Aug 19-Aug 23	ANTI- Bully Camp / Determination	Celebration Station \$15.00	

SECTION 5: PERSON'S AUTHORIZED TO PICK UP STUDENT

NAME	Phone #	RELATIONSHIP TO CHILD

SECTION 6: PERSONS NOT AUTHORIZED TO PICK UP STUDENT

NAME	Phone #	RELATIONSHIP TO CHILD

SECTION 7: EMERGENCY CONTACT INFORMATION

NAME	Phone #	RELATIONSHIP TO CHILD

SECTION 8: MEDICAL INFORMATION

Current Health Issues:		Current Medications:	
Social/Special Needs/Other:			
Physician's Name		Phone No.	
Health Insurance Provider		Policy No.	

SECTION 9: OTHER

Please list any other information/concerns for your child:

SECTION 10: SIGNATURES

PARENT /GUARDIAN PRINT_____	DATE_____
PARENT/GUARDIAN SIGNATURE_____	

Liability Release and Waiver Form

Minor's Name(s) _____

Name of Parent/Guardian _____

Address _____

Daytime Phone # _____

City, State, Zip _____

Evening Phone # _____

Participation Authorization & Liability Release: I, _____, as a parent or legal guardian of _____, a minor or minors (hereinafter, whether one or more, referred to collectively as Minor) hereby grant permission necessary to allow Minor to utilize the equipment and Participate in the martial arts courses, athletic activities and other activities (use of such equipment and participation in such courses/activities being referred to collectively herein as the IMA, LLC Services) provided by Isaac's Martial Arts, LLC. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless IMA, LLC services and its members, managers, officers, representatives, agents, landlord, volunteers, employees and each of its and their respective successors, assigns, heirs, and beneficiaries (hereinafter collectively referred to as the "Release Parties") from any and all liability for negligence or any other claim, judgement, loss, liability cost, and expense (including, without limitation, attorney's fees and costs) arising out of or connected with the Minor's participation in the IMA, LLC Services, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Minor may incur or sustain while participating in the IMA, LLC Services. I further expressly agree to indemnify and hold harmless the Release Parties against Loss from any further claims, demands, or actions that may subsequently be brought by Minor or by any other persons on the account of damages of character resulting to Minor in any way from the IMA, LLC services. I further agree to reimburse and to make good to the Release Parties any loss or costs Release Parties may have to pay as a result of any such action, claim or demand.

Appearance Agreement: I understand that IMA, LLC, from time to time, produces promotional material relating to its business. I understand that as a participant and/or a spectator as IMA, LLC that minor may be included in video or photographs taken at IMA, LLC. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to IMA, LLC, its successors, assignees, licensees, sponsors, any television networks, and all of the commercial exhibitors the exclusive right to photograph and or video minor to utilize such video, photographs and Minors name, face, likeness, voice and appearance in advertising and promoting IMA, LLC. I further understand that neither IMA, LLC nor any third party is under any obligation to exercise any of the forging rights, Licenses and privileges.

Transportation Release: I, in my own behalf and on behalf of Minor hereby authorize IMA, LLC to transport Minor from schools to IMA, LLC, to medical facilities, including urgent care and hospital facilities, and any other places visited at from time to time. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless the Release Parties from any and all liability for negligence or any other claim, judgement, loss, liability, cost and expense (including, without limitations, attorney's fees and costs) arising out of or connected with the transportation of Minor, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that Minor may incur or sustain arising out of or in connection with transportation of Minor. I further expressly agree to indemnify and hold harmless the Release Parties loss from any further claims, demands, or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way arising out of or in connection with the transportation of Minor. I further agree to reimburse and to make good to the Release Parties any loss, or costs the Release Parties may have to pay as a result of any such action, claim, or demand.

Medical Release: I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death) and that I, in my own behalf and on behalf of Minor, acknowledge that Minor is assuming the risk of such illness or injury by participating in the IMA, LLC Services. In the event of such illness or injury, I authorize IMA, LLC Services to obtain necessary medical treatment for minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless the Released Parties in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain while participating in the IMA, LLC Services

I, in my own behalf and on the behalf of Minor, am aware that this Liability Release and Waiver Form releases the Released Parties from liability and contains an acknowledgment of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and behalf of Minor, have signed this document voluntarily and on my own free will.

Signature of Parent or legal Guardian: x _____ Date: _____

Relationship to Minor (s) _____ Minor (Birthdate: (s) _____

PLEASE SIGN AND DATE FOR COMPLETION OF YOUR REGISTRATION PACKET