



SUMMER DAY CAMP 2020 REGISTRATION

General Camper(S) Information

Address: _____ City/State/Zip: _____

E-Mail address: _____ Home Phone #: _____

Cell Phone #: _____

CAMPER 1 Last Name: _____ First Name: _____ Nick Name: _____

Date of Birth: ___/___/___ Gender: ___ Male ___ Female Grade (20-21 school year) _____

Asthma? ___ Yes ___ No ADD? ___ Yes ___ No ADHD? ___ Yes ___ No

Please list any relevant medical issues, medications or miscellaneous concerns about your child

Please list any food allergies: _____

T-shirt size: _____ Child (XS) _____ Child (S) _____ Child (M) _____ Child (L) Adult (S , M , L)

CAMPER 2 Last Name: _____ First Name: _____ Nick Name: _____

Date of Birth: ___/___/___ Gender: ___ Male ___ Female Grade (20-21 school year) _____

Asthma? ___ Yes ___ No ADD? ___ Yes ___ No ADHD? ___ Yes ___ No

Please list any relevant medical issues, medications or miscellaneous concerns about your child

Please list any food allergies: _____

T-shirt size: _____ Child (XS) _____ Child(S) _____ Child (M) _____ Child (L) Adult (S , M , L)

CAMPER 3 Last Name: _____ First Name: _____ Nick Name: _____

Date of Birth: ___/___/___ Gender: ___ Male ___ Female Grade (20-21 school year) _____

Asthma? ___ Yes ___ No ADD? ___ Yes ___ No ADHD? ___ Yes ___ No

Please list any relevant medical issues, medications or miscellaneous concerns about your child

Please list any food allergies: _____

Primary parent/guardian contact information ___ Mother ___ Father ___ Other _____

Primary parent/guardian name: _____ Gender: ___ Male ___ Female

Home Address: _____ City/State/Zip: _____
(if different from child)

Home Phone #: _____ Cell Phone #: _____

Employer: _____ Work Phone #: _____

Custodial parent ___yes ___No May J. TIGER release to non-custodial parent? ___ Yes ___ No

E-mail Address: _____

Secondary parent/guardian contact information ___ Mother ___ Father ___ Other _____

Secondary parent/guardian name: _____ Gender: ___ Male ___ Female

Home Address: _____ City/State/Zip: _____
(if different from child)

Home Phone #: _____ Cell Phone #: _____

Employer: _____ Work Phone #: _____

Custodial parent ___yes ___No E-mail Address: _____

Emergency contact/Authorized pick up (other than parents):

Name: _____ Relationship to child: _____

Home Address: _____ City/State/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Additional authorized pick up (other than parents)

Name: _____ Cell Phone #: _____

Name: _____ Cell Phone #: _____

PARENT AUTHORIZATION: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician; and the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed practitioners in the necessity for such surgery, are obtained prior to the performance of such surgery.

REFUSAL TO CONSENT: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I would like the J. TIGER Martial Arts staff to take the following action:

Field Trip Permission

I _____, give my permission for my son(s) and daughter(s) to attend all field trips as part of the J. TIGER Martial Arts Summer Day Camp Program. Transportation is provided by J. TIGER Martial Arts. To and from all field trips.

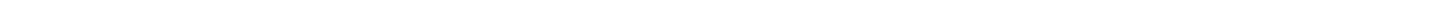
I understand (Please initial) _____



Code of Conduct

My child _____ and I, _____, both agree that if he/she is not following the rules and abiding by the directions given to him/her at J. TIGER Martial Arts Summer Camp Program, the J. TIGER staff has the right to ask him/her to not return to J. TIGER Martial Arts Summer Camp Program. Parents will be notified, using the contact numbers provide, if there are any problems (behavioral or other) deemed serious enough for removal from J. TIGER Martial Arts Summer Camp Program, there will be no refund for the days in which the child was unable to participate.

I understand (Please initial) _____



Photo/Video Release Form

I _____, hereby give permission for images of my son(s) and/or daughter(s) captured during regular and special camp activities through video. Photos and digital camera, to be used solely for purposes of J. TIGER Martial Arts Summer Camp Program promotional material and publications, and waive any rights of compensation or ownership thereto.

I understand (Please initial) _____

Waive of Liability/Release

I _____, hereby grant permission for my child, _____ (child name) to participate in the J. TIGER Martial Arts Summer Camp Program. I understand and acknowledge that my child's participation in the program will involve some strenuous physical activity and some physical contact, and may be hazardous and could result in personal injury. Recognizing and assuming the risks involved therein, I herein waive liability as to, and relinquish all right that I have now or may have in the future against J. TIGER Martial Arts, its officers, and employees, teachers, and counselors, from all liability and for and all damages and injuries suffered by my child while under instruction and/or supervision of J. TIGER.

In addition, I agree to indemnify and hold J. TIGER and its employees harmless from and against any and all claims, demands, fines, suits, action, orders, or damages of any kind that may arise or result out of or from my child's participation in the J. TIGER Martial Arts Summer Camp Program. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I understand (Please initial) _____

Check the session(s) you would like to attend:

- Session 1 June 01 –June 05 Courtesy
- Session 2 June 08– June 12 Self-confidence
- Session 3 June 22– June 26 Focus & concentration
- Session 4 June 29 – July 03 Team work
- Session 5 July 13 –July 17 Responsibility and Respect
- Session 6 July 20 – July 24 Self-defense & Weapons
- Session 7 Aug 03 – Aug 07 Be a leader ,not a boss
- Session 8 Aug 10 – Aug 14 Be a good friend

If you register before April 30th

Registration rates 5 days : \$ 139 + fieldtrip fee per week

• **Credit Card Authorization Form** _____ **M/C** _____ **Visa**

Name on the card: _____

Card Number: _____ Exp. Date: _____ CCV#: _____

Bill address: _____ City/state/zip: _____

Cancellation Policy:

*For a full refund minus the registration fee and T-Shirt fee, cancellation must be made in writing 14 full days prior to the start of summer camp.

*For a 50% refund minus the registration fee and T-shirt fee, cancellation must be made 7 full days in writing prior to the start of summer camp.

*Under 7 days prior to the start of summer camp, weeks can be switched depending on availability but no refund will be given.