

# Safety America & Ninja-Kid Warrior - Spring Camp 2020

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Mother Cell: \_\_\_\_\_

Father Name: \_\_\_\_\_ Father Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Pick-up Info (If different than above) Name: \_\_\_\_\_ Cell: \_\_\_\_\_

How did you find out about our camp? \_\_\_\_\_

Are you a current member? Yes or No If so, what class are you enrolled in? \_\_\_\_\_

Please list any physical conditions/chronic injuries, medical problems and any restrictions.

\_\_\_\_\_

***Please read and initial that you understand and agree to our camp policies:***

- \_\_\_\_\_ 1. Camp fees must be paid in full by the time of drop off & a parent must sign their child in.
- \_\_\_\_\_ 2. I understand there are NO REFUNDS for missed camp days and NO MAKE-UPS.
- \_\_\_\_\_ 3. I understand that aftercare fees will apply if my child is not picked up by 3:00 p.m.
- \_\_\_\_\_ 4. My child must bring lunch every day (except Monday-PIZZA DAY) & drink every day.
- \_\_\_\_\_ 5. Only people listed on this form will be allowed to pick up my child.
- \_\_\_\_\_ 6. No cell phones or electronics will be allowed during camp hours 9:00-3:00.
- \_\_\_\_\_ 7. SA is not responsible for any lost items at camp.
- \_\_\_\_\_ 8. If my child does not follow camp rules they may be suspended from the camp.
- \_\_\_\_\_ 9. I agree that SA can take photos of my child for promotional purposes.
- \_\_\_\_\_ 10. I agree read, understood and signed the Release/Liability form.

***Office Use Only:***

Only dates that are paid for in full will be marked.

	AM	MON	PM	AM	TUES	PM	AM	WED	PM	AM	THURS	PM	AM	FRIDAY	PM
March 9th - 13th															

**Payment Information:**

Date:  
Amount:  
Method:

**Payment Information:**

Date:  
Amount:  
Method:

**Payment Information:**

Date:  
Amount:  
Method:

Notes: \_\_\_\_\_

\_\_\_\_\_

Safety America, Inc.

Ninja-Kid Warrior Program

WAIVER OF CLAIMS AND RELEASE OF LIABILITY

In consideration of being permitted to participate in facility activities, including rock climbing, zip-line, ninja warrior course, double warped wall, moonwalk, rope-swing, trampoline, karate, gymnastics balance beam and other activities conducted by Safety America, Inc. or Nai Properties, Inc., hereafter cumulatively referred to as "School", and in recognition that the practice of said activities is an inherently **DANGEROUS SPORT**, Member/Participant and his/her personal representatives, assigns, heirs and next of kin covenants not to sue, waives, discharges and releases and shall hold harmless School, it's owners, instructors and employees, from all liability to the Member/Participant, his/her personal representatives, assigns, heirs and next of kin for all losses, damage, and any claim or damage therefor, on account of injury to the person or property or resulting in death of Member/Participant, **WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR STRICT LIABILITY OF SCHOOL, IT'S EMPLOYEES OR INSTRUCTORS OR OTHERWISE, WHILE MEMBER/PARTICIPANT IS INVOLVED IN THE ACTIVITIES PREVIOUSLY STATED.**

Member/Participant further releases School, it's owners, instructors and employees from any claim of liability resulting from administering first aid, and treatment or service rendered Member/Participant during his/her participation of School activities. Member/Participant hereby gives permission for trained medical professionals to administer medical treatment to my child should sickness or accidents occur in my absence.

The Member/Participant, and/or Legal Guardian thereof, hereby agrees to individually provide for the possible future medical expenses which may be incurred as a result of any injury sustained while participating in any class, during training at, or performing for School.

Member/Participant and/or Guardian thereof, represents and agrees that Member/Participant is in good physical condition and that he/she has no disability, impairment or ailment preventing him/her from engaging in active or passive exercise or classroom activities.

This acknowledgment of risk and waiver, having been read thoroughly and understood completely as to it's content and intent, is signed voluntarily.

Member/Participant Name: (Print) \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date