

Safety America & Ninja-Kid Warrior Spring Break Camp 2021

Child Name: _____ Age: _____ DOB: _____

Mother Name: _____ Mother Cell: _____

Father Name: _____ Father Cell: _____

Home Phone: _____ Email: _____

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 with our camp policies listed below:

- _____ 1. Camp fees must be paid in full by the time of drop-off & a parent must sign their child in/out.
- _____ 2. There are NO REFUNDS for missed camp days and NO MAKE-UPS.
- _____ 3. After care fees will apply if my child is not picked up by 3:00 pm sharp.
- _____ 4. My child must bring lunch and a drink every day.
- _____ 5. Only people listed in this form are allowed to pickup my child.
- _____ 6. No cell phones or electronics will be allowed during camp hours 9am-3pm.
- _____ 7. SA/NKW 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/NKW can take photos of my child for promotional purposes.

Office Use Only: only days paid in full will be marked

		AM	MON	PM	AM	TUE	PM	AM	WED	PM	AM	THUR	PM	AM	FRI	PM
1	Mar. 15th - 19th															

Office Use Only: Payment Log

Date	Amount	Pmt Mthd	Note

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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, its 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 its content and intent, is signed voluntarily.

Member/Participant Name: (Print) _____ Age: _____

Parent or Legal Guardian's Signature

Date