



Kids Martial Arts Summer Camp
June 19 – July 28, 2023

Parents or Guardians

Names (s): _____ / _____
Address(es): _____ / _____
Phone Number(s): _____ / _____
Relationship to child/children: _____

The following items are recommended but *not mandatory*. Please check the boxes if you would like to purchase them from us.

Boxing Gloves (\$65): _____ Extra T-Shirt(\$45): _____

Emergency Contact

Name: _____ Phone number: _____ Relationship to child(ren): _____

Child Participating

Registration Fee is \$85 per child: Includes PANTHER T-shirt, Foam NunChuck & Jump Rope

Weekly tuition is \$350. Additional siblings; \$175 per week each (50% off weekly tuition for each sibling).

Optional: \$50 Early drop-off per week / \$50 Late pick-up per week.

Name: _____ Nickname or Preferred Name: _____

Birthdate: ____/____/____ Age: _____

T-Shirt Size: _____

Previous Martial Arts Experience: Yes____ No____ If Yes, what belt?: _____

of Weeks Attending: _____

Early Pick Up: _____ Late Pick Up: _____

Start Date: _____ End Date: _____

Special Conditions:

Medical Conditions: _____ Allergies: _____

Dietary Restrictions: _____ Epi Pen: Yes____ No _____

Second Child Participating (50% off weekly tuition for each sibling)

Name: _____ Nickname or Preferred Name: _____

Birthdate: ____/____/____ Age: _____ T-Shirt Size: _____

Previous Martial Arts Experience: Yes ____ No ____ If Yes, what belt?: _____

of Weeks Attending: _____

Early Pick Up: _____ Late Pick Up: _____ Start date: _____ End date: _____

Special Conditions:

Medical Conditions: _____ Allergies: _____

Dietary Restrictions: _____ Epi Pen: Yes ____ No ____

Third Child Participating (50% off weekly tuition for each sibling)

Name: _____ Nickname or Preferred Name: _____

Birthdate: ____/____/____ Age: _____ T-Shirt Size: _____

Previous Martial Arts Experience: Yes ____ No ____ If Yes, what belt?: _____

of Weeks Attending: _____

Early Pick Up: _____ Late Pick Up: _____ Start date: _____ End date: _____

Special Conditions:

Medical Conditions: _____ Allergies: _____

Dietary Restrictions: _____ Epi Pen: Yes ____ No ____

Billing Information

First Name: _____ Last Name: _____

Street Address: _____ Apt. # _____ City: _____

State: _____ Zip Code: _____ Phone: () _____

Credit Card Info: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover ☐ Other: _____

CC#: _____ - _____ - _____ - _____ Exp: ____/____ CVV#: _____

I, _____ hereby authorize PANTHER, Inc., Payment Tech, Shawn Stallworth, and appointed staff, to initiate automatic charges to my credit card or checking account for payment of my monthly membership dues, and any other purchases, including services. This authority will remain in effect until have cancelled it in writing as explained on page.