

Martial Arts Summer Program Registration Form

Please complete all fields to ensure a smooth registration process.

Participant Information

Student's Name: _____ **Birth Date:** _____ **Age:** _____

Gender: ☐ Male ☐ Female

Parent/Guardian Information

Full Name (Parent/Guardian): _____

Relationship to Student: _____

Phone Number: _____ **Email Address:** _____

Emergency Contact Information (if parent/guardian cannot be reached)

Emergency Contact Name: _____

Relationship to Student: _____

Phone Number: _____

Medical Information

Allergies (if any): _____ **Medications (if any):** _____

Does the student have any medical conditions or special needs?

Please specify: _____

Primary Physician's Name: _____

Physician's Phone Number: _____

Consent and Waivers

- I, the undersigned, give permission for my child to participate in the activities at Martial Arts Summer Program and agree to abide by the rules and guidelines set forth by the camp.
- I acknowledge that participation in program activities involves some inherent risks, and I agree to release Martial Arts Summer Program, its staff, and affiliates from any liability in the event of injury or accident.
- I authorize Martial Arts Summer Program to seek medical attention for my child in the event of an emergency.
- I give permission for photographs or videos of my child to be used for promotional purposes (optional).
☐ Yes ☐ No

Signature of Parent/Guardian: _____ **Date:** _____

2025 Program Session Selection

		Week #	Dates	Check	Before Care	After Care
Block 1	[Week 1	June 23 - 30 (Excluding 25th & 26th)			
		Week 2	July 1 - 3			
		Week 3	July 7 - 10			
		Week 4	July 14 - 17			
		Week 5	July 21 - 24			
Block 2	[Week 6	July 28 - 31			
		Week 7	Aug 4 - 7			
		Week 8	Aug 11 - 14			
		Week 9	Aug 18 - 21			
		Week 10	Aug 25 - 28			

Payment Information

**Cost of Program is | \$400 per Block | 150 per week |or | \$55 daily | (Please Call Ahead for Daily or Weekly plan).
NO REFUNDS will be given & no credit will be issued for unused time.**

For Blocks, whole payment must be made upfront in order to guarantee a spot at Martial Arts Summer Program.

Payment Amount: \$ _____

Payment Method: ☐ Check ☐ Credit Card ☐ Check ☐ Other: _____

Payment Date: _____

Signature and Acknowledgment

By signing below, I acknowledge that all the information provided above is accurate to the best of my knowledge, and I accept all terms and conditions related to my child's participation in Martial Arts Summer Program.

Signature of Parent/Guardian: _____ **Date:** _____