

Fight Sports The Falls Summer Camp Registration

ONE REGISTRATION PER CHILD (Please Print)

Please fill out information below and get a confirmation email only from info@fightsportsthefalls.com to make sure you have your spot saved. Thank you.

Camper's Name _____

Mailing Address _____

City _____ State _____

Zip _____

Gender: Male or Female Birth date ____/____/____ Age* (4-13)

Mother's Name _____ Home Phone

Father's Name _____ Home Phone

Phone #'s Cell # Mother _____

Cell # Dad _____

Business Name Mother _____

Business Name Dad _____

Work # Mother _____

Work # Dad _____

E-mail: _____

Emergency # _____

Ask For _____

PLEASE MARK EACH DAY/WEEK YOUR CHILD WILL BE ATTENDING! FUN DAYS:
SUMMER CAMP DATES (June 14 - Aug 20)

Weeks attending: Week One (June 14-18) _____ Week Two (June 21-25) _____

Week Three (June 28-July 2) _____ Week Four (July 5-9) _____ Week Five _____ (July 12-16)

Weeks attending : Week Six (July 19-23) _____ Week Seven (July 26-30) _____ Week Eight
(Aug 2 - 6) _____ Week Nine (Aug 9 - 13) _____ Week Ten _____ (Aug 16 - 20)

Date registered _____

Early Drop Off Option \$10 : (YES / NO)

Late Pickup Option \$10 : (YES / NO)

Lunch And Snack Option for \$8 / day : (YES / NO)

Is your child a Fight Sports member? Yes _____ No _____

T-shirt Size _____

FOR OFFICE USE ONLY:

Reg. Fee PAID _____ # of Weeks Paid _____ Form of Payment:

SPECIAL NOTES:

Afternoon Pick Up Names:

Emergency Contact :

Pick Up Only By:

Photocopy of Id of pickups on back of this sheet

CAMPER NAME:

Medical Information (allergies, conditions):

THIS MUST BE SIGNED PARENT or GUARDIAN:

Liability Waiver & Release

I, _____, individually or as the parent/legal guardian of _____, (if applicable), acknowledge and am fully aware of the inherent dangers associated with the practice of martial arts, in all of its forms. I also acknowledge that the practice of martial arts requires physical exertion and contact and understand, and thereby assume, the risk of physical injury, which may occur while engaging in these types of activities. I also understand that the following of safety rules is mandatory.

_____ Furthermore, I understand and acknowledge that any physical training, individually or in group settings, may expose me to many inherent risks, including accidents, injury, illness, or even death. I assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me. The only medical treatment provided within the facility is first aid.

_____ I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity.

_____ I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

_____ Student, parent and/or legal guardian agrees that any pictures, audio, or visual recordings taken of him/her in connection with the Olympus Training Center can be used for publication, promotion, articles, shows and advertisement without additional consent and without compensation at this time or any other time.

_____ I, individually or as the parents and/or guardian of _____ (if applicable), do hereby release and discharge **Fight Sports The Falls Summer Camp, Prime Time Training Center, Art in Motion Laboratory and Fight Sports the Falls**, their officers, directors, employees, volunteers, agents, representatives, and any entity or individual associated with them (**collectively referred to as the “Olympus Training Center”**), from any and all claims, expenses, suits, damages, and/or liabilities (collectively “damages”), which may arise out of, associated, or in connection with, the practicing of and participation in any and all physical activities within or associated with the **Fight Sports The Falls Summer Camp**.

NOTICE: For purposes of security, the premises is under 24hr video surveillance.

This Liability Waiver and Release, together with its terms and conditions, is intended to cover and extend to any and all activities I participate in in relation to and in connection with the Olympus Training Center, including, but not limited to group or private classes, drop-ins, open mat, special events, seminars, competitions, and any other related activities.

By my signature I indicate that I have read and understand this Liability Waiver and Release. I am aware that this is a waiver and a release and I voluntarily agree to its terms.

Signature of Parent or Guardian

Emergency Contact :

Pick Up Only By:

Photocopy of Id of pickups on back of this sheet