



SVT MARTIAL ARTS ACADEMY CAMP REGISTRATION

Please submit all
completed forms via
svtmartialarts.com/classes

Camper Information:

Full Name: _____

Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

T-Shirt Size: (Circle One) Youth S / M / L / XL ; Adult S / M / L / XL

Parent/Guardian Information:

Name: _____

Relationship to Camper: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____

Mailing Address (If different from camper):

Emergency Contact:

Name: _____

Relationship to Camper: _____

Phone Number: _____

Medical Information:

- Does your child have any allergies? (food, medication, environmental)
 - Yes / No (If yes, please list and explain):

- Is your child currently taking any medications?
 - Yes / No (If yes, please list and explain):

- Primary Care Physician: _____
- Physician's Phone Number: _____

Authorized Pickup List: (Other than Parent/Guardian)

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____

Payment Information:

- Base Camp Fee: \$215 per week
- Before & After Care: \$50 per week (if selected)
- Applicable Discounts:
 - \$15 off before/after care (if tuition paid in full at time of registration)
 - 10% off multi-sibling discount (applications must be submitted together for discount to apply)
- Total Amount Due: \$_____ ***Due by first day of camp***
- Deposit required to save your camper's spot: \$100 per camper (non-refundable)
- Payment Method:
 - Visa / Credit Card (circle one)
 - Name on Card: _____
 - Card Number: _____
 - Expiration Date: _____
 - CVV Code: _____
 - Zip Code: _____

****If preferred, payments may also be processed over the phone. Please call Sifu Michael Sampson at (912) 429-5150 to arrange payments via phone call****

Waivers & Agreements: (Please read and sign below)

- **Liability Waiver**

- *I understand that participation in camp activities involves an inherent risk of injury. I agree to hold harmless SVT Martial Arts Academy, its staff, and affiliates from any liability, claims, or expenses arising from my child's participation.*

- **Medical Treatment Authorization**

- *I authorize SVT Martial Arts Academy staff to perform basic first aid treatment in the case of minor cuts and scrapes, with guardian to be notified as needed. (Yes / No)*
- *Please list approved/denied topical first aid treatment:*
- *Approved:* _____
- *Denied:* _____
- *I authorize SVT Martial Arts Academy staff to seek emergency medical treatment for my child if I cannot be reached.*

- **Behavior & Dismissal Policy**

- *I understand that disruptive, unsafe, or inappropriate behavior may result in my child's dismissal from camp without a refund.*

- **Refund & Cancellation Policy**

- *I acknowledge that camp deposits are a non-refundable way to save my camper's spot. Remaining camp balance refundable may be requested up until 2-weeks prior, except in cases of medical emergency with a doctor's note.*

- **Late Pickup Fee**

- *I understand that if I pick up my child more than 10 minutes past the scheduled time without prior arrangement, I may be charged a late fee of [\$5] for every [5] minutes I am late, rounding up to the nearest [5] minutes.*

- **Personal Belongings Disclaimer**

- *I understand that SVT Martial Arts Academy is not responsible for lost, stolen, or damaged personal items brought to camp.*

- **Photo / Video Permissions**

- *I grant permission for my child's photo/video to be used in promotional materials (circle one): Yes / No*

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

*** Please fill out one copy of the camp registration form for **each child** you are signing up for camp, and submit all forms at the same time to receive the 10% multi-sibling discount. You may submit the forms via our website at [\[svtmartialarts.com/classes\]](https://svtmartialarts.com/classes). ***