Victory Martial Art's 2011 Spring Break Camp

Date: April 18th – April 22nd
Cost: $185.00
Time: 9:00 – 4:00 (Before and After Care available***)
Bring: Must Bring Bag Lunch
Field Trip: To be announced

Student's Name _____ Sex_____ Age_____ DOB___/___/___

Child #2 _____ Sex_____ Age_____ DOB___/___/___

Address _____
Street City state zip

Home Phone _____-_____-_____ Work Phone _____-_____-_____

Cell Phone _____-_____-_____ E-mail address _____

Mother's Name _____ Father's Name _____

Are there any medical conditions to which we should be alerted? _____

_____

*****Per Day**

Before Care: 8:00 – 9:00am ($10.00) **After Care: 4:00 - 6:00pm ($10.00)** **or Before/ After ($15.00)**

M__ T__ W__ TH__ F__ **M__ T__ W__ TH__ F__** **M__ T__ W__ TH__ F__**

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

As legal guardian of _____, I hereby consent to the aforementioned person participating in Victory Martial Arts, Inc.'s program. I recognize the potentially severe injuries, which may occur in martial arts or any activity involving any physical abilities.

I understand that it is the express intent of Victory Martial Arts, Inc. to provide for the safety and protection of my child and, in consideration for allowing my child to use the facilities, I hereby forever release Victory Martial Arts, Inc., Master Kurt Shryock, employees and other staff persons form all liability for any and all damages and injuries, while under the instruction, supervision, or control of Victory Martial Arts, Inc., or it's employees.

As a legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses, which may be incurred by my child as a result of any injury sustained while training art, or performing for Victory Martial Arts, Inc.

This Acknowledgment of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

_____ _____
Parent or Legal Guardian's Signature Date

PERMISSION TO TREAT (optional)

I hereby give my permission to trained medical professionals to administer emergency medical treatment to my child, should sickness or accident occur in my absence.

_____ _____
Parent or Legal Guardian's Signature Date