

# Victory Martial Art's 2011 Summer Camp Student Information

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? \_\_\_\_\_

<b>Session 1</b>	<input type="checkbox"/> June 27 – July 1	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both
<b>Session 2</b>	<input type="checkbox"/> July 5 – 8	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both
<b>Session 3</b>	<input type="checkbox"/> July 11 - 15	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both
<b>Session 4</b>	<input type="checkbox"/> July 18 – 22	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both
<b>Session 5</b>	<input type="checkbox"/> July 25 – 29	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both
<b>Session 6</b>	<input type="checkbox"/> Aug 1 – 5	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both
<b>Session 7</b>	<input type="checkbox"/> Aug 8 – 12	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both
<b>Session 8</b>	<input type="checkbox"/> Aug 15 – 19	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both
<b>Session 9</b>	<input type="checkbox"/> Aug 11 – 26	_____ Full Day	<b>Extended Care</b>	_____ AM	_____ PM	_____ Both

**Summer Camp Hours 9:00am – 4:00pm (Full Day)      Extended Hours Before Care 8:00am - -9:00am - \$10 each**  
**After Care 4:00pm – 6:00pm -\$10 each (or \$15 for both per day)**

<b>Member of VMA</b>	Number of weeks _____	X Cost per week \$ 185.00	= _____
<b>Non-member</b>	Number of weeks _____	X Cost per week \$ 205.00	= _____
	Extended care charges		+ _____
	\$50.00 Registration fee		+ _____
	<b>TOTAL AMOUNT DUE</b>		<b>\$ _____</b>
	Balance Due at Camp**		\$ _____

\*Deposits are non-refundable after June 1, 2011.

\*\*Balance for each week of camp will be due at the beginning of the first day of the week.

## 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 from all liability for any and all damages and injuries, while under the instruction, supervision, or control of Victory Martial Arts, Inc., or its 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