

Victory Martial Art's 2010 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? _____

Session 1	<input type="checkbox"/> June 28 – July 2	_____ Full Day	Extended Care	_____ AM	_____ PM	_____ Both
Session 2	<input type="checkbox"/> July 5 – 9	_____ Full Day	Extended Care	_____ AM	_____ PM	_____ Both
Session 3	<input type="checkbox"/> July 12 - 16	_____ Full Day	Extended Care	_____ AM	_____ PM	_____ Both
Session 4	<input type="checkbox"/> July 19 – 23	_____ Full Day	Extended Care	_____ AM	_____ PM	_____ Both
Session 5	<input type="checkbox"/> July 25 – 30	_____ Full Day	Extended Care	_____ AM	_____ PM	_____ Both
Session 6	<input type="checkbox"/> Aug 2 – 6	_____ Full Day	Extended Care	_____ AM	_____ PM	_____ Both
Session 7	<input type="checkbox"/> Aug 9 – 13	_____ Full Day	Extended Care	_____ AM	_____ PM	_____ Both
Session 8	<input type="checkbox"/> Aug 16 – 20	_____ Full Day	Extended Care	_____ AM	_____ PM	_____ Both
Session 9	<input type="checkbox"/> Aug 23 – 27	_____ Full Day	Extended Care	_____ 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)

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

*Deposits are non-refundable after June 1, 2010.

**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 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.

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Parent or Legal Guardian's Signature

Date