



Camp Enrollment/Information Form

Date: _____

Camps Will Attend:

- 1. _____ 5. _____
- 2. _____ 6. _____
- 3. _____ 7. _____
- 4. _____ 8. _____

Child's Name: _____ Age: ____ Birth: ____/____/____ M or F

Child's Name: _____ Age: ____ Birth: ____/____/____ M or F

Parents' Names: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work: (____) _____ Ext. _____

Cell Phone: (____) _____ Email: _____

Persons Authorized to Remove Child (Identification Required)

- 1. _____
NAME RELATIONSHIP PHONE

Medical Information

Medical Alert Information (i.e., allergies, medical and/or handicapping conditions): _____

List any additional information which would be beneficial for the staff of Impact Martial Arts to know about your child: _____

Preferred Physician: _____ Address: _____

Phone: _____ Preferred Hospital: _____

Emergency Contact (Other Than Parents)

- 1. _____
NAME RELATIONSHIP PHONE



Impact Martial Arts, Inc. Waiver and Release of Liability

General Activities:

I expressly warrant and represent that I am the legal guardian of (participant's name(s)) _____ on whose behalf I am completing this registration, and have full legal authority to agree to the terms contained in this Waiver and Release of Liability.

In this document, the participant(s) at Impact Martial Arts Inc. on whose behalf I am completing this registration is referred to as "my ward". I understand that I am giving my ward permission to participate in all activities, including all physical active games, other games, arts and crafts, and other activities.

Electronics/Personal Property:

I understand that any items, including all electronic devices, my ward brings to Impact Martial Arts Inc. are the sole responsibility of my ward, and Impact Martial Arts Inc. is in no way responsible for lost, missing, stolen or damaged items.
_____ (initial)

Publicity release:

Impact Martial Arts Inc. may use any photos or video taken of my ward for promotion of Impact Martial Arts Inc.
_____ (initial)

Assumption of Risk and Indemnity:

I acknowledge and fully understand that my ward may engage in activities at Impact Martial Arts Inc. that involve risk of injury. These activities include martial arts, running on the mat, physical games on the mat such as dodge ball, moon ball, exercise, sporting events and other activities that involve the risk of tripping, falling, slipping and similar risks that could result in serious injury and/or death. There may be other risks not known to us or not reasonably foreseeable at this time. I assume all the foregoing risks, accept personal responsibility for any damages incurred by my ward following such injury, permanent disability or death, and agree to indemnify and hold Impact Martial Arts Inc. and their employees, volunteers and partners in the operation of Impact Martial Arts Inc. harmless from and against all claims, costs, expenses and liabilities, including attorney fees, for injury to person or property arising in connection with my ward's participation in activities at Impact Martial Arts Inc. and the use of facilities and equipment owned by Impact Martial Arts Inc.
_____ (initial)

I acknowledge that I have carefully read the above Waiver and Release of Liability, understand its contents, and I recognize that by signing this legally binding agreement on behalf of myself and my ward and other parents and guardians of my ward, we are freely giving up substantial rights and assuming all risk of injury, death and property damage. I understand this document and agree to all content described.

Parent/Guardian Signature _____

Date _____