



Child's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Rates:	Registration Fee	(1)Child/Week	(2)Children/Week	(3) Children/Week	Daily Rate
	\$20 ea.	\$140	\$275	\$390	\$35

*Rates include Martial Arts classes*

The Jumpin' Jax Summer Club consists of many exciting activities designed to keep your child active everyday. Your child will be lead by our professional adult staff daily. Activities include but not limited to; Outdoor games, swimming and water fun, educational and fun field trips, hikes, arts & crafts, indoor games, inflatable bounce room games, life skills including anti bully system, stranger awareness, self defense and plenty of exercise. Each week of camp will include **2 to 3 Martial Arts classes** which will allow your child to stay up on their training during the summer and leaving your evenings free for family time. Camp will not be held on Memorial Day, May 31<sup>st</sup>. The 2010 PLV school year will begin on August 17<sup>th</sup>.

### Registration information

Registration Fee (non-refundable)	
\$20 for one child	
\$10 for each additional child	\$ _____
Partial Payment (non-refundable)	
\$20 per child, per week or day registered	\$ _____
T Shirt \$10 each	
Sizes: Youth: XS S M L	\$ _____
Adult: S M L XL	
Total	\$ _____

**Please check the weeks that your child will attend camp:**

_____ June 1-June 4	T	W	TH	F	
_____ June 7-11	M	T	W	TH	F
_____ June 12-18	M	T	W	TH	F
_____ June 21-25	M	T	W	TH	F
_____ June 28-July 2	M	T	W	TH	F
_____ July 5-9	M	T	W	TH	F
_____ July 12-16	M	T	W	TH	F
_____ July 19-23	M	T	W	TH	F
_____ July 26-30	M	T	W	TH	F
_____ August 2-6	M	T	W	TH	F
_____ August 9-13	M	T	W	TH	F
_____ August 16	M				

### Payment Method

\_\_\_\_\_ Check    \_\_\_\_\_ Cash    \_\_\_\_\_ Credit Card

\_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name on Card

- The registration fee, partial-payment fees are due with this registration form.
- The weekly camp fees are due the Monday of each camp.
- A \$10 late fee will be assessed if payment are not made on due date.
- All camps are filled on a first come first served basis. This registration form will hold your child's position for all camps selected.
- The registration fee is a one-time \$20 administrative fee, \$10 for each additional child.
- Other activities may be offered throughout the summer for additional fees.

**Child Information**

Child's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_ M/F \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthday \_\_\_\_\_ School \_\_\_\_\_  
Mother's (or Guardian) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Father's (or Guardian) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employed By: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**General Health Questions**

Allergies, if any: \_\_\_\_\_ : \_\_\_\_\_  
Medication, if any: \_\_\_\_\_ Side effects: \_\_\_\_\_  
Will this medication be taken while at Champion Camp? \_\_\_\_\_  
*If yes, you will need to supply the staff with medication paperwork and directions.*  
Any known medical problems: \_\_\_\_\_  
Any recent operations, accidents, broken bones, vision or hearing conditions, or illnesses we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
Any activities your child should not engage in? \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_

In case of EMERGENCY, we should contact the following person if parents cannot be reached:

- A. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- B. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- C. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized person to pick your child up from Champion Camp: Including parents/guardians

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 4. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- 5. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Permission Agreement**

I give my child permission to participation field trips during the summer program.  
I give my child permission to swim during the summer program.  
I give my child permission to walk and ride the van/bus on the field trips provided during the summer program.

\_\_\_\_\_  
Signature of parent or guardian Date

**Authorization for Emergency Medical Care**

I (we) expect to be notified at once in case of accident or illness to my (our) child; I (we) will make arrangements for medial care of my (our) child with the physician or hospital of my (our) choice; If I (we) cannot be reached to make the necessary arrangements, I (we) hereby authorize Champion Sport Karate/Champion Camp to contact:

Dr. \_\_\_\_\_ at \_\_\_\_\_  
Address Phone

Or the nearest hospital for emergency medial treatment of \_\_\_\_\_  
Childs Name

Furthermore, I certify that my child is, to my knowledge, in good health and free of disabilities that would endanger him/her or other children the Champion Camp program.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transportation Release**

Parent or guardian: This form must be completed in order for your child to be transported to activities to and from Champion Sport Karate. Transportation will be provided by Champion Sport Karate not a private provider. The signing of the permission slip releasees and indemnifies Champion Sport Karate and it's employees from all liabilities, damages and any claims made by the child or on behalf of the child, including medical expense incurred, should serious injury, loss of property, damage or death occur as a result of his/her participation in the transportation program. We fully understand the nature of the transportation services and the risk of serious injury, loss of property, damages or death associated with these services.

**The undersigned hereby releases, waives, discharges and covenants not to sue Champion Sport Karate** and employees (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned where caused by the negligence of the releases or otherwise while the undersigned is in, upon or about he premises or any facility or equipment therein, or participating in any program affiliated with Champion Sport Karate without respect to location.

**The undersigned hereby agrees to indemnify and save, and hold harmless** the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon or about the Champion Sport Karate premises or in any way observing or using any facilities or equipment of the association or participating in any program affiliated with Champion Sport Karate whether caused by the negligence of the releases or otherwise.

**The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage** due to the negligence of the releasees or otherwise while in, about, or upon the premises of Champion Sport Karate and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Champion Sport Karate.

**The undersigned** further expressly agrees that the forgoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue to full legal force and effect.

**The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement,** and further agrees that no oral representation, statements, or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
I HAVE READ THIS RELEASE (Parent and/or Guardian)

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date