

NORTH METRO MARTIAL ARTS

CAMP REGISTRATION 2015

_____ SPRING BREAK: APRIL 6-10

_____ SUMMER CAMP #1: JUNE 15-19

_____ SUMMER CAMP #2: JULY 27-31

Please indicate the week(s) for which you are registering.

PERSONAL INFORMATION

FULL NAME _____

PARENT(S) NAME(S) _____

ADDRESS _____

CITY, STATE, ZIP _____

CELL PHONE (_____) _____ EMAIL _____

GENDER _____ BIRTHDAY _____ AGE _____

SCHOOL ATTENDING _____

PAYMENT INFORMATION: CREDIT CARD TYPE _____

CREDIT CARD # _____

EXP. DATE _____ CVV # _____ BILLING ZIP CODE _____

EVENT WAIVER

STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION

I am aware in signing this statement for participation in the NMMA's After School Martial Arts Program that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability for participation in the activity. If for any reason you question your ability to participate in the activity, please consult with your instructor prior to participation.

The instructors will take every reasonable precaution to minimize exposure to known risk, however, as a participant you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have question about the activity, you have the responsibility to consult with your instructor.

I recognize that there is a significant element of risk in any adventure, sport or activity. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my child is fully capable of participating in the activities.

I assume full responsibility for my child for bodily injury, death, loss of personal property and expense thereof, as a result of my child participating in the NMMA's Camp Program.

EMERGENCY MEDICAL INFORMATION

YES NO Allergies to foods, drugs, insect bites, stings, dust. If yes please, identify them and your child's reaction.

YES NO Physical disabilities or conditions, which might limit your child's participation. If yes please, identify them and your child's reaction.

YES NO If your child is presently taking medication, please identify them.

MEDICAL AUTHORIZATION

If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold AMAI, NMMA, program facility, or its employees for any injury or damage incurred to my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

- A. The health history is correct and the participant has my permission to engage in all program activities.
- B. I authorize medical care units to release medical record information to the health insurance carrier.
- C. I grant permission to the attending physician to employ such diagnostic procedures and medical treatment as deemed necessary.
- D. I understand that I am financially responsible for charges not covered or paid by the NMMA member insurance and hereby guarantee full payment to the attending physicians and or health care unit.

Print Name _____

Signature _____ Date _____