MARTIAL ARTS CAMP

REGISTRATION FORM

PARENTAL RELEASE FORM

I, _____(Parent/Guardian Name), am the legal parent/guardian of

_____ (Camper Name) and give permission for the camper to attend and participate in the Premier Martial Arts Marietta Ninja Karate Summer Camp which will be held on 06/3/2024 to 06/7/2024. On behalf of the camper, the camper ' s parents and/or legal guardian, I hereby:

1. Agree to assume all risk of personal injury and property loss arising from participation in any camp athletic and recreational activities;

2. Agree to hold harmless the camp staff, Premier Martial Arts Marietta, its trustees, officers, employees, agents, and representatives responsible for any injury or property loss sustained during participation in any camp athletic and recreational activities;

3. Grant permission to the camp staff or medical personnel to render, or engage medical personnel to render, preventative, first aid and/or emergency treatment that they deem necessary to the camper ' s health and well - being. I understand that reasonable effort will be made to contact me, or the emergency contacts listed below, prior to such action and any expenses incurred are at my expense;

4. Agree to accept any decisions made by the camp staff in the termination of camp attendance;

5. Grant Premier Martial Arts Marietta, its trustees, officers, agents, representatives, employees and students permission to videotape, photograph or otherwise record the camper and to use such recordings and biographical data in any media, on a perpetual basis, for all purposes consistent with Premier Martial Arts Marietta mission. In consideration for permission for the camper to participate in the camp, on behalf of the camper, the camper ' s parents and/or legal guardian, I release Premier Martial Arts Marietta, its trustees, officers, agents, representatives, employees and students from any and all claims which the camper, the camper ' s parents and/or legal guardian, may have as a result or personal injury or property loss arising out of, or connected in any way with, their participation in any camp athletic and recreational activities.

Parent/Guardian Signature:_____ Date:_____/_____/_____

Parent/Guardian Name:_____

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BRING TO CHECK-IN. DO NOT MAIL OR FAX.

This form is required for check in at the first camp that your child attends.

Registration Form: Camp 2023 Health Form (please circle)

Week 1 - (6/3-6/7) | Week 2 - (6/10-6/14)

Camper ' s Name: _____

Date of Birth: _____ Gender: _____ Age: _____

Parent/Guardian Name:_____ Phone #: _____

Parent/Guardian Name:_____ Phone #: _____

Insurance Information Policy Holder ' s Name:

_____

Policy Number: _____

Group Number:_____

1st Emergency Contact:_____ Phone #: _____-_____-_____

2nd Emergency Contact:_____ Phone #: _____-_____-_____

Does the camper currently have any Allergies (list all):

_____

_____

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Please provide any information about current physical, mental or psychological conditions that may affect the camper ' s ability to fully participate in the program: _____

_____

Has the camper been hospitalized within the past 5 years? No Yes, describe:

_____

_____

_____

Is the camper currently taking any medications (prescription and over-the-counter): No Yes If yes, please list drug(s) and dosage:

_____

_____

Prescription medication shall be administered only after receipt of written authorization from the child's parent/guardian. All medication shall be labeled and stored in the original prescription container and in accordance with manufacturer's instructions. All medications will be stored in a secure area that is inaccessible to the campers. All medications should be given to the head counselor with its directions for administration. Medication will be administered by the Program Director on site.

As of this date, has the camper received all immunizations required by this state? Yes No

I am the legal parent/guardian of the above named participant. I hereby certify that to the best of my knowledge, the information requested is complete and correct.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____