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**ALLSTAR MARTIAL ARTS
ACADEMY'S
Summer Camp 2017
CAMPER REGISTRATION**

Office use:
of campers _____
Pygmt rec'd _____ By _____
Meth _____ Date _____
of weeks ____ # of days ____

Camper #1 Name: _____ Birth date: _____

Camper #2 Name: _____ Birth date: _____

Name of parent(s): _____

Address: _____

Home Phone: Mom: _____ Dad: _____

Cell Phone: Mom: _____ Dad: _____

Email: Mom: _____ Dad: _____

List people authorized to pick up camper(s) (include parents' names, if applicable): _____

If parents are unavailable in an emergency, please contact: Name: _____

Relationship to camper: _____ Phone: _____

Name of pediatrician: _____ Phone: _____

Any physical problems we should be aware of?: _____

Any allergies?: _____

Summer Camp 2017 - Please check off the week(s) you will attend. All sessions 9:30-1:30pm.

Camp weekly fee: \$150, siblings receive 10% off weekly session fee. For daily campers, daily rate \$50/day.

FOR WEEKLY SESSION CAMPERS: # of campers _____

__ Jr. Camper Age 5-11 June 12-16, 2017

__ Jr. Camper Age 5-11 July 17-21, 2017

__ Jr. Camper Age 5-11 August 7-11, 2017

****Please note - Minimum of 10 campers are required to be registered one month prior to any session start date or that session will be cancelled and fees refunded.****

FOR DAILY CAMPERS:

If daily camper, camp Fee (\$50/day) - List dates: _____

Payment in full is required with this registration form to reserve your camper's space in camp. A non-refundable fee of \$50 per camper will be held if the camper is withdrawn from camp up to two weeks prior to the date of the camp. After that, no refunds will be issued. There is a \$10 fee for any session date changes after you have registered. No session date changes permitted less than two weeks prior to camp date. Weekly session fees are never prorated if a camper misses classes. Daily session fees may not be "converted" to weekly session fees.

I authorize the use of written testimonials, still photographs, video, and sound recordings of my child for promotional and advertising purposes relating to Allstar Martial Arts Summer Camp. I authorize emergency medical treatment for my child, including transport to the nearest hospital. I assume all risks and hazards incidental to my child's participation in the activities of the Camp and unconditionally indemnify, save and hold harmless Master Athletics, Inc. DBA Allstar Martial Arts Academy, its directors, owners, and employees from all claims, suits, actions, and damages relating to the personal injury, loss of life, and/or damages to personal property which may be sustained by my child while on or in the vicinity of the premises of Allstar Martial Arts Academy. I affirm that all information provided on this application is true to the best of my ability, including the age of the camper. I understand that misrepresentation may result in my child's dismissal from camp. Master Athletics, Inc. DBA Allstar Martial Arts Academy reserves the right to require the withdrawal of any camper if in the opinion of the owners, directors, and employees that such withdrawal is in the best interest of the camp. I have read and agree to all enrollment conditions. I give permission for any photos and/or videos of above campers to be used in any way by Master Athletics, Inc. DBA Allstar Martial Arts Academy.

Parent Signature: _____

Date: _____