



Ray's Tae Kwon Do Center

Summer Camp Application

Child's Last Name: _____ **Child's First Name:** _____

Child's Date of Birth: _____ Age: _____ Grade: _____

(1) Parent/Guardian's Name: _____ **Relationship:** _____

Parent/Guardian's Primary Phone Number: (_____) _____

Secondary Phone Number: (_____) _____

Parent/Guardian's Address: _____
Street City Zip

Email Address: _____

(2) Parent/Guardian's Name: _____ **Relationship:** _____

Parent/Guardian's Primary Phone Number: (_____) _____

Secondary Phone Number: (_____) _____

Parent/Guardian's Address: _____
Street City Zip

Email Address: _____

MEDICAL HISTORY

Medication(s): _____ **For Treatment of:** _____

List any other health problems or physical limitation(s) below: _____ **List all Allergies below:** _____

What kind of swimmer is your child? _____ **not at all** _____ **fair** _____ **good** _____ **excellent**

In addition to those listed above, the following individuals below are permitted to pick-up your child(ren) if the parent/guardian cannot be reached. Your child will not be released to anyone who is not on this list.

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

I hereby give permission for the owners, agents, and employees of Ray's Tae Kwon Do Center, inc. and to obtain medical treatment for my child _____ in the event of an emergency.

My child is in good health and there are no known physical or mental defects that would endanger his/her own well-being or that of other students. I realize that the activities involved in his/her education involves physical contact and I hereby relinquish all rights to claim or recover damages for personal injuries in connection with his/her education at Ray's Tae Kwon Do Center. These activities include those activities performed at the center, off the center, and in transport to and from the center. Permission is hereby given for my child(ren) to participate in all of the Center's activities, including but not limited to training, games, playtime, trips to the park, and field trips. This release of legal rights is not only binding upon me, but upon my survivors and representatives as well. This release operates in favor of Ray's Tae Kwon Do Center, Inc., Master Ray Rodriguez, their agents, representatives, instructors and employees. The undersigned also acknowledges that He/She may be photographed or filmed while attending at the premises of Rays Tae Kwon Do Center and he/she gives permission to Rays Tae Kwon Do Center, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet. I knowingly and voluntarily give up my legal rights against all of these persons and entities.

Date

Student Signature (parent or legal guardian if under 18)

I hereby enroll my child in Ray's Summer Camp at Ray's Tae Kwon Do Center. I agree to pay the above tuition along with a \$55.00 registration fee and a \$25.00 supply fee. I understand that no refund what so ever will be made to me if my child fails to appear for instruction or complete the full study.

COVID-19 WAIVER

I understand the contagious nature of the COVID-19 virus, and respect that the facility adheres to the CDC recommendations of practicing social distancing and wearing face coverings.

I further acknowledge that RAY'S TAE KWON DO CENTER, INC. has put in place preventative measures to reduce the spread of the COVID-19 virus, to the best of their abilities.

I further acknowledge that no guarantee exists regarding whether or not I may contract COVID-19.

I understand that the risk of becoming exposed to and/or infected by the COVID-19 virus may result from the actions, omissions, or negligence of myself and others, including, but not limited to, staff and other clients.

I acknowledge that I increase my risk of exposure to COVID-19 by participating in services rendered.

I acknowledge that I must comply with all set procedures to reduce the spread while in attendance.

I attest that I am not experiencing any symptom of illness such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, headache, sore throat, or new loss of taste or smell.

I hereby release and agree to hold Ray's Tae Kwon Do Center, Inc. harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the academy, or that may otherwise arise in any way in connection with any services received from Ray's Tae Kwon Do Center, Inc. I understand that this release discharges Ray's Tae Kwon Do Center, Inc. from any liability or claim that I, my heirs, or any personal representatives may have against the academy with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Ray's Tae Kwon Do Center, Inc. This liability waiver and release extends to the academy together with all owners, partners, instructors, and employees.

Print Student's Name

Signature (parent/guardian if student is under 18 years old)

Date