

Titans Martial Arts Academy

2018 Summer Camp

107 N Valrico Rd.

(813) 661-8505

Childs Name _____ DOB _____ Age _____

Home Address _____

City/state/Zip _____ Home Phone # _____

Email Address _____

Parent/Guardian Information

Mother's Name _____

Home # _____ Work # _____ Cell # _____

Address _____ City/State/Zip _____

Father's Name _____

Home # _____ Work # _____ Cell # _____

Address _____ City/State/Zip _____

Emergency Contact if Parents or Guardians unavailable

Name _____

Home # _____ Work # _____ Cell # _____

Address _____ City/State/Zip _____

Please list any medical conditions the staff needs to be aware of (information kept confidential):

I give permission for my child to be picked up by the following people:

Name _____

Name _____

Name _____

In case of an emergency, if I cannot be reached, I hereby authorize Titans Martial Arts Academy and its agents to have my child or children listed above treated by the physician listed below or a physician of their choice.

Physician's name _____ Phone # _____

Hospital Preference _____ Phone # _____

I understand the registration fee paid to Titans Martial Arts Academy is non-refundable.

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharges and hold harmless TITANS MARTIAL ARTS ACADEMY, LLC representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of TITANS MARTIAL ARTS ACADEMY, LLC representatives or agents. Please Note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as TITANS MARTIAL ARTS ACADEMY, LLC.
2. He/She confirms that there were no verbal presentations other than those specified in this agreement.
3. He/She may be photographed or filmed while attending at the premises of TITANS MARTIAL ARTS 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.
4. A late fee will apply. If your child is in our facility past 6pm a charge of \$1.00 a min will be applied.
5. If not satisfied with Titans you must give a one week written notice.
6. Your child **MUST** wear their summer camp shirt on **ALL** field trips.
7. Weekly payments are due on Monday for that week. Field trip fees are CASH ONLY ... **NO EXCEPTIONS!!!!**
8. Your child **MUST** have an Adventure Island pass.
9. Absolutely **NO NEGATIVITY** will be tolerated!!!! We only accept awesome kids and families with positive attitudes. If you have a question or concern please see Mrs. Janine.
10. The waiver was read and he/she agrees to abide by it.

Summer Camp Enrollment Fees

Includes two summer camp shirts and a Titans backpack with name embroidered

REGISTRATION FEE IS NON -REFUNDABLE.

REGISTRATION FEES:

Titans MAA Member: \$55.00 / NON- MEMBER: \$75.00

Sibling discounts: \$15.00 off 1st sibling and \$20.00 off each additional sibling

Parent/ Guardian Signature _____ date _____

I authorize TITANS MARTIAL ARTS ACADEMY, LLC to debit my account weekly/biweekly the amount of \$ _____ for _____ weeks to pay for Summer Camp fees due on my behalf of my child: _____.

Any changes to this authorization will be submitted in writing to TITANS MARTIAL ARTS ACADEMY, LLC.

Card holder name (printed): _____ Cardholder
signature: _____

Please circle the dates your child/children will be attending our program:

5/28, 6/4, 6/11, 6/18, 6/25, 7/2, 7/9, 7/16, 7/23, 7/30, 8/6

The week of August 6th we will be open for camp Monday and Tuesday

ADDITIONAL SHIRTS ARE \$15EACH

Please circle your child's summer camp shirt size :

YS YM YL YXL

AS AM AL AXL

Quantity: _____