



# SUMMER DAY CAMP 2024 REGISTRATION

## General Camper(S) Information

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**CAMPER 1** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_Male \_\_\_Female Grade (24-25 school year) \_\_\_\_\_

Asthma? \_\_\_Yes \_\_\_No ADD? \_\_\_Yes \_\_\_No ADHD? \_\_\_Yes \_\_\_No

Please list any relevant medical issues, medications or miscellaneous concerns about your child

Please list any food allergies: \_\_\_\_\_

T-shirt size: \_\_\_\_Child (S) \_\_\_\_Child (M) \_\_\_\_Child (L) Adult ( S , M , L )

**CAMPER 2** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_Male \_\_\_Female Grade (24-25 school year) \_\_\_\_\_

Asthma? \_\_\_Yes \_\_\_No ADD? \_\_\_Yes \_\_\_No ADHD? \_\_\_Yes \_\_\_No

Please list any relevant medical issues, medications or miscellaneous concerns about your child

Please list any food allergies: \_\_\_\_\_

T-shirt size: \_\_\_\_Child(S) \_\_\_\_Child (M) \_\_\_\_Child (L) Adult ( S , M , L )

**CAMPER 3** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_Male \_\_\_Female Grade ( 24-25 school year)\_\_\_\_\_

Asthma? \_\_\_Yes \_\_\_No ADD? \_\_\_Yes \_\_\_No ADHD? \_\_\_Yes \_\_\_No

Please list any relevant medical issues, medications or miscellaneous concerns about your child

Please list any food allergies: \_\_\_\_\_

T-shirt size: \_\_\_\_Child(S) \_\_\_\_Child (M) \_\_\_\_Child (L) Adult ( S , M , L )

**Primary parent/guardian contact information** \_\_\_Mother \_\_\_Father \_\_\_Other \_\_\_\_\_

Primary parent/guardian name: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
(if different from child)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Custodial parent \_\_\_yes \_\_\_No May J. TIGER release to non-custodial parent? \_\_\_Yes \_\_\_No

E-mail Address: \_\_\_\_\_

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**Secondary parent/guardian contact information** \_\_\_Mother \_\_\_Father \_\_\_Other \_\_\_\_\_

Secondary parent/guardian name: \_\_\_\_\_ Gender: \_\_\_Male \_\_\_Female

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
(if different from child)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Custodial parent \_\_\_yes \_\_\_No E-mail Address: \_\_\_\_\_

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**Emergency contact/Authorized pick up (other than parents):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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**Additional authorized pick up (other than parents)**

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**PARENT AUTHORIZATION:** In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician; and the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed practitioners in the necessity for such surgery, are obtained prior to the performance of such surgery.

**REFUSAL TO CONSENT:** I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I would like the J. TIGER Martial Arts staff to take the following action:

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### **Field Trip Permission**

I \_\_\_\_\_, give my permission for my son(s) and daughter(s) to attend all field trips as part of the J. TIGER Martial Arts Summer Day Camp Program. Transportation is provided by J. TIGER Martial Arts to and from all field trips.

I understand (Please initial) \_\_\_\_\_

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### **Code of Conduct**

My child \_\_\_\_\_ and I, \_\_\_\_\_, both agree that if he/she is not following the rules and abiding by the directions given to him/her at J. TIGER Martial Arts Summer Camp Program, the J. TIGER staff has the right to ask him/her to not return to J. TIGER Martial Arts Summer Camp Program. Parents will be notified, using the contact numbers provide, if there are any problems (behavioral or other) deemed serious enough for removal from J. TIGER Martial Arts Summer Camp Program, there will be no refund for the days in which the child was unable to participate.

I understand (Please initial) \_\_\_\_\_

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### **Photo/Video Release Form**

I \_\_\_\_\_, hereby give permission for images of my son(s) and/or daughter(s) captured during regular and special camp activities through video. Photos and digital camera, to be used solely for purposes of J. TIGER Martial Arts Summer Camp Program promotional material and publications, and waive any rights of compensation or ownership thereto.

I understand (Please initial) \_\_\_\_\_

## Waive of Liability/Release

I \_\_\_\_\_, hereby grant permission for my child, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ (child name) to participate in the J. TIGER Martial Arts Summer Camp Program. I understand and acknowledge that my child's participation in the program will involve some strenuous physical activity and some physical contact, and may be hazardous and could result in personal injury. Recognizing and assuming the risks involved therein, I herein waive liability as to, and relinquish all right that I have now or may have in the future against J.TIGER Martial Arts, its officers, and employees, teachers, and counselors, from all liability and for and all damages and injuries suffered by my child while under instruction and/or supervision of J. TIGER.

In addition, I agree to indemnify and hold J. TIGER and its employees harmless from and against any and all claims, demands, fines, suits, action, orders, or damages of any kind that may arise or result out of or from my child's participation in the J. TIGER Martial Arts Summer Camp Program. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

I understand (Please initial) \_\_\_\_\_

Check the session(s) you would like to attend:

- Session 1 June 03 – June 07 Courtesy
- Session 2 June 10 – June 14 Self-confidence
- Session 3 June 17 – June 21 Focus
- Session 4 June 24 – June 28 Respect
- Session 5 July 08 – July 12 Self-defense & Weapons
- Session 6 July 15 – July 19 Confidence
- Session 7 July 22 – July 26 Discipline
- Session 8 July 29 – Aug 02 Perseverance

### Registration Rates

If you register before April 30

- 5 days \$ 189 + field trip fee per week
- 3 days : \$ 169 + field trip fee per week E
- 1 day : \$ 60 ( Include field trip fee )

If you register after April 30<sup>th</sup>:

- 5 days : \$ 249 + field trip fee per week
- 3 days : \$ 229 + field trip fee per week
- 1 day : \$ 80 ( Include field trip fee )

We will give one free t-shirt for all campers.

If you register for 4 or more weeks than you get another T-shirt.

You may purchase another t-shirt for \$20.00 **Campers MUST wear their t-shirt on all fieldtrip days.**

**\*\*TO BE COMPLETED BY OFFICE MANAGER\*\***

1<sup>st</sup> child \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (1)  
 Total # of Sessions weekly fee Total camp fee

2<sup>nd</sup> child \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_ (2)  
 Total # of Sessions weekly fee Total camp fee

Field Trip weekly Fee \$ 50 = \$ \_\_\_\_\_ (3)

Total estimated camp fee \$ \_\_\_\_\_ (4)

Uniform (If you don't have one) \$45.00 X \_\_\_\_\_ = \$ \_\_\_\_\_ (5)  
 # of uniform

Additional T-shirt \$20.00 X \_\_\_\_\_ = \$ \_\_\_\_\_ (6)  
 # of t-shirts

Registration fee per child Before 4/30 - \$30. After \$50 \$ \_\_\_\_\_ (7)

**Total amount paid today \$ \_\_\_\_\_ (8)**

**Authorization Agreement for Direct Payments (ACH Debits) or Credit Card**

This authorization is to remain in full force and until J. TIGER Martial Arts has received written notification from me (or either of us) Of its termination in such manner as to afford J. TIGER Martial Arts and bank reasonable opportunity to act upon it.

I understand (please initial) \_\_\_\_\_

• **Credit Card Authorization Form** \_\_\_\_\_ M/C \_\_\_\_\_ Visa

Name on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CCV#: \_\_\_\_\_

Bill address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_

**Cancellation Policy:**

\*For a full refund minus the registration fee and T-Shirt fee, cancellation must be made in writing 14 full days prior to the start of the summer camp week being cancelled.

\*For a 50% refund minus the registration fee and T-shirt fee, cancellation must be made 7 full days in writing prior to the start of the summer camp week being cancelled.

\*Under 7 days prior to the start of the summer camp week being cancelled, weeks can be switched depending on availability but no refund will be given.