

Martial Arts Success : Summer Camp Registration
Please print neatly, and fill out completely.

Student Name: _____

Age: _____ Date of Birth: _____

List Any Allergies or Medical Conditions we should be aware of:

Parent / Guardian Name(s): _____

Address: _____

City: _____ ZIP _____

Email: _____

Home Phone: _____ Work Phone: _____

Referred By: _____

Pick Your Camps: Check all that Apply

June 23rd-27th 9am to 12pm (7 to 12 years old)
 August 11th-15th 9am to 12pm (7 to 12 years old)

*Early Bird Pricing: Register by March 31st for a special price of only \$139! After March 31st is \$150.
*No refunds for camp registration.

Your registration includes a summer camp t-shirt!

Size : **YS** **YM** **YL** **AS** **AM** **AL**
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Waiver of Liability

I, the undersigned, do hereby voluntarily submit my application for attendance/participation at the Hickory Academy of Martial Arts and do hereby assume full responsibility for all damages, injuries and losses that I may sustain or incur in any way while attending and participating at this camp. I also waive all claims against the Instructors, and Staff or anyone directly or indirectly associated with the event for any claim or injury that I may sustain.

Responsible Party Signature: _____

Date: _____

Hickory Academy of Martial Arts Representative: _____

Date: _____