

Camp Sessions

- #1 June 10-14
- #2 June 17-21
- #3 June 24-28
- #4 July 8-12
- #5 July 15-19
- #6 Aug 5-9



FUN, FRIENDS & LOTS OF ACTION!

Please wear comfortable clothing to Camp. Students should bring a change of clothes for our water games (weather permitting). Please bring a snack for each day and if you are staying until 2pm (Monday-Thursday) bring a lunch as well. Pizza will be provided for lunch on Fridays during the Movie.



Registration

✂ Cut Here

Child's Name _____
 Age: _____ Allergies?: _____
 Address: _____
 City/State: _____
 Zip: _____
 Parent /Guardian Name: _____
 Emergency Phone: _____
 Email Address: _____

Release Of Liability & Waiver of Claims '19

Express Assumption of Risk

This is an important document. You must read this agreement, understand it, and sign it to be allowed to participate in Lockhart's Karate Academy Summer Camp Activities. By signing this agreement, you waive certain legal rights, including your right to sue.

I, the parent or guardian, affirm and acknowledge that I understand the inherent hazards and risks associated with martial arts. I understand the hazards & risks can lead to severe injury and even death.

Despite the potential hazards and dangers associated with the activities conducted by Lockhart's Karate Academy, I wish to proceed and freely accept and expressly assume all risks, dangers and hazards which may arise from these activities and which could result in personal injury, death and property damage to my child or ward.

In consideration of being allowed to participate in Lockhart's Karate Academy programs as well as the use of any of the facilities and equipment of the below listed Releasees, **I hereby agree as follows:**

- To waive and release any and all claims I may have in the future against any of the following named persons or entities (hereinafter referred to as Releasees): all instructors and agents, including, Lockhart's Karate Academy, its staff, volunteers, and other participants.
- To release and hold harmless the Releasees, their officers, directors, employees, representatives, agents and volunteers, from all liability and responsibility whatsoever, for any claim or cause of action (lawsuit) that I, my estate, heirs, executors or assigns may have for personal injury, property damage or wrongful death arising from martial arts, whether caused by the active or passive negligence of the Releasees or otherwise.
- Acknowledge I am not relying on any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.
- This agreement shall be governed by and interpreted in accordance with the laws of the State of California.

Parent /Guardian Signature: _____
 Printed Name: _____ Date: _____

Time Choices

SELECT FULL WEEKS OF CAMP HERE (Please Circle Time Choices)

June 10-14	9:00-12:00	or	9:00-2pm	\$175 / \$280
June 17-21	9:00-12:00	or	9:00-2pm	\$175 / \$280
June 24-28	9:00-12:00	or	9:00-2pm	\$175 / \$280
July 8-12	9:00-12:00	or	9:00-2pm	\$175 / \$280
July 15-19	9:00-12:00	or	9:00-2pm	\$175 / \$280
August 5-9	9:00-12:00	or	9:00-2pm	\$175 / \$280

OR

SELECT ONLY THE DAYS YOU WANT HERE

H = Half Day 3 hours (9-12pm) **\$40/Day**
 F = Full Day 5 hours (9-2pm) **\$65/Day**

Extended Stay at \$7 per hour (or portion thereof).

Session #	1	2	3	4	5	6	Extended Hours 8-9am & 2-5pm
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Monday	_____	_____	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____	_____	_____
Thursday	_____	_____	_____	_____	_____	_____
Friday	_____	_____	_____	_____	_____	_____



Payment

Amount Paid \$ _____ Cash Check# _____

Credit Card Information: ___ VISA ___ MC ___ DISCOVER

PLEASE USE CARD ON FILE

Account Number: _____

Expiration Date ____/____/____ Code # on back of card ____

Billing Address: _____ Zip _____

Name on card: _____

Signature: _____ Date: _____