



Academy of Kempo Martial Arts

SUMMER KEMPO CAMP 2013

APPLICATION

Minimum Age - Child must be entering Kindergarten



1st Martial Artist Full Name _____ M / F Age _____ DOB _____

2nd Martial Artist Full Name _____ M / F Age _____ DOB _____

Address _____ Town _____ Zip _____

Home Phone _____ If emergency during camp, please call _____ Phone # _____

Mother's Full Name _____ Work # _____ Cell # _____

Father's Full Name _____ Work # _____ Cell # _____

Email (for memo and billing use only): _____ @ _____

For and in consideration of Martial Arts registration with Academy of Kempo Martial Arts, I, as a Martial Artist or as a Martial Artist parent and/or legal guardian, hereby release forever discharge covenant not to sue and agree to indemnify and hold harmless Academy of Kempo Martial Arts, its owners and employees, from any and all liabilities, claims, demands or causes of action that I may hereinafter have for injuries or damages arising out of participation in activities at Academy of Kempo Martial Arts or events which it may sponsor or be affiliated with or activities incidental thereto. This release includes but is not limited to injuries, damages or losses caused by the passive or active negligence of the released parties or hidden, latent or obvious defects with the equipment sold or used.

I acknowledge and understand the potential risk of injury and dangers inherent in the sport of Martial Arts, and other activities sponsored by Academy of Kempo Martial Arts, and I acknowledge the assumption of those risks.

Parent/Guardian Signature Date

Athlete Signature Date

If paying by Visa/MC/Disc through mail: # _____ Amount to be charged _____ Exp. _____

Signature: _____ Printed Name _____ Sec. Code _____

For Academy of Kempo Martial Arts Office use only:

DATE _____ CHECK# _____ AMOUNT _____ BALANCE _____ 1st Martial Artist - \$225.00

DATE _____ CHECK# _____ AMOUNT _____ BALANCE _____ 2nd Martial Artist - \$175.00