



MAUSA SUMMER CAMP REGISTRATION FORM

*** Payment for camp required upon registration**

PARENT(s) _____
 Member/Child 1 Name: _____ Date of Birth: ____ / ____ / ____
 Member/Child 1 Name: _____ Date of Birth: ____ / ____ / ____
 Address _____ City _____ State _____ Zip _____
 Phone #'s: Res: _____ Bus: _____ Cell: _____
 E-mail address _____

Responsible Party 1 - CONTACT Information

Name: _____ Email: _____
 Home Phone: _____ (Check if this is the best/first contact number)
 Work Phone: _____ (Check if this is the best/first contact number)
 Cell Phone: _____ (Check if this is the best/first contact number)

Responsible Party 2 - CONTACT Information

Name: _____ Email: _____
 Home Phone: _____ (Check if this is the best/first contact number)
 Work Phone: _____ (Check if this is the best/first contact number)
 Cell Phone: _____ (Check if this is the best/first contact number)

Authorized To Pick Up Member(s)/Child(ren) - In addition to listed above

Name: _____
 Name: _____
 Name: _____

Insurance Provider Information

Provider: _____
 Policy Number: _____

Summer Camp Weeks: (please check weeks)

_____ Dodgeball Camp — \$79.00
 June 11th - July 15th (9am - 12pm)
 Amt Pd _____ Date _____
 Cash _____ Check _____ CC _____ Card On File _____

_____ Ninja Camp — \$79.00
 Aug 8th - Aug 12th (9am - 12pm)
 Amt Pd _____ Date _____
 Cash _____ Check _____ CC _____ Card On File _____

_____ Belt Advancement Camp — \$175.00
 July 25th - July 29th (9am - 12pm)
 Amt Pd _____ Date _____
 Cash _____ Check _____ CC _____ Card On File _____

I confirm that this form is complete and accurate. In the event I cannot be reached in an emergency, I hereby give permission to the Martial Arts USA Staff to administer all/any first aid, and to engage a physician to administer medical treatment, including hospitalization, to the Member(s)/Childre(ren) named on this form. I acknowledge and agree to Martial Arts USA policies as outlined in the associated "Frequently Asked Questions & Policies." ****NO REFUNDS FOR CAMPS WITHIN 7 DAYS OF CAMP STARTING.**

In order for Martial Arts USA to comply with the State of Missouri licensing requirements, we must inform you that Martial Arts USA is not licensed by the state as a daycare, or any other kind of licensed childcare facility. Martial Arts USA is a professional, full time, martial arts school that provides martial arts based programs which focus on physical fitness, character development, and martial arts instruction.

Our Summer Camp operates as a "come and go" program. Please be advised that, with written authorization by a legal parent/guardian, all students of Martial Arts USA may come and go, to and from classes or the premises, as they please. Without expressed written approval Martial Arts USA maintains an internal policy which requires a Member (child) be signed out, or verbally released, by a legal guardian or authorized care giver.

I give Martial Arts USA permission to use my child's picture in social media. I understand that my child's name will never be used if their picture is posted.

Martial Arts USA does not assume any responsibility for the loss, damage or theft of any property belonging to the Student, and Student agrees that Martial Arts USA and its personnel are not responsible for, or liable for any such property even if its loss, damage, or theft occurs on or about Martial Arts USA facility.

Buyer and Student agree that Student(s) is/are engaging in physical exercise, and the use of equipment, use of the Martial Arts USA facilities, training and instruction, which can be dangerous and could cause injury to Student. Student is voluntarily participating in these activities and Buyer and Student assume all risks of injury to Student. Buyer and Student hereby waive and release any claim or right to sue Martial Arts USA, employees and agents for injury to Student. Buyer and/or Student have carefully read this waiver and release and fully understand, it is a release of all liability and damage to Martial Arts USA for any injury. Martial Arts USA will make no evaluation or recommendation whether Student or guests are physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, particularly martial arts activities.

Responsible Party Signature _____ Date: ____ / ____ / ____