



Harris Holt Martial Arts Academy Camps & Special Events 2018 Form



Camper Information

Childs Name: _____

Birth Date: _____ Age: _____ Allergies: _____

Childs Name: _____

Birth Date: _____ Age: _____ Allergies: _____

Childs Name: _____

Birth Date: _____ Age: _____ Allergies: _____

Would you like more information about our Karate After School Program? Yes No

Parent/Guardian Information

Name: _____

Number: _____ Email: _____

Relation to Child: _____

Emergency Contact:

Name: _____

Number: _____ Email: _____

Waiver of Liability

I agree to not hold legally liable the Harris Holt Martial Arts Academy, nor the instructors of the Harris Holt Martial Arts Academy, nor any guest instructors or other participants or observers, for any injury or accident occurring while on the premises, participating class, or any other related activities. I agree to assume full responsibility and liability for any accidents occurring at class or any related activities.

Parent/Guardian signature: _____ Date: _____

Permission to Ride

I give permission for my child to participate in all activities planned and conducted by Harris Holt Martial Arts Summer Program, including van transportation to and from field trips.

Parent/Guardian Signature: _____ Date: _____

Behavior form

The focus of Martial Arts is respect. Both of self and to others. With this in mind if a regiment of verbal warnings and PT isn't effective, your child will be issued a referral. Any student that receives three referrals may be sent home and dismissed from the camps. No refunds.

Parent/Guardian Signature: _____ Date: _____

Permission for photography

From time to time we take pictures and/or conduct video recordings during school projects. We would like your permission to use these pictures and video on our class website. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures and videos.

Please take a moment to let us know your preferences regarding our use of photos and videos of your children:

_____ YES. I grant you permission to use photos and video recordings of my child.

_____ NO. Please do NOT take or use any photos/ video recordings of my child.