

Fight Sports Summer Camp Registration

ONE REGISTRATION PER CHILD(Please Print)

Please fill out information below and get a confirmation email only from Fightsportskids@gmail.com to make sure you have your spot saved. Thank you

Camper's Name _____

Mailing Address _____

City _____ State _____

Zip _____

Sex: Male or Female Birth date ____/____/____ Age* (4-13)

Mother's Name _____

Home Phone # _____

Father's Name _____

Home Phone # _____

Phone #'s Cell # Mother _____

Cell # Dad _____

Business Name Mother _____

Business Name Dad _____

Work # Mother _____

Work # Dad _____

E-mail _____

Emergency # _____

Ask For _____

PLEASE MARK EACH DAY/WEEK YOUR CHILD WILL BE ATTENDING! FUN DAYS:

SESSION NUMBER ONE (June 7-25)

Weeks attending: Week One ____ Week Two ____ Week Three ____ Week Four ____
(June 7-11 Optional) (June 14-18) (June 21-25)(June 28 -July 2)

SESSION NUMBER TWO (July 5 -July 30)

Weeks attending :Week One ____ Week Two ____ Week Three ____ Week Four ____
(July 5-9 (July 12-16) (July 19-23) (July 26-30)

CAMP SESSION NUMBER THREE (August Dates TBA)

Are you interested in more weeks ____

FOR OFFICE USE ONLY: Date registered _____

Reg. Fee **PAID** Session 1 _____ Session 2 _____
Form of Payment _____

CAMPER NAME:

Medical Information (allergies, conditions):

Is your child a Fight Sports member? Yes ___ No ___

T-shirt Size _____

THIS MUST BE SIGNED PARENT or GUARDIAN:

In consideration for Fight Sports Academy LLC (THE SCHOOL) providing me training in Jiu-Jitsu upon the premises or property of the school, the undersigned hereby assumes any and all risks of injury and hereby waives and releases a Fight Sports Academy LLC, its officers, agents, and employees, from all liability to the undersigned, his employer assigns and personal representative for all loss or damage, and any claim damage therefore, on account of injury or other casualty to the person or property of or in the possession or control of the undersigned, whether caused negligently or otherwise by said Fight Sports Academy LLC, its officers, agents, employees or licensees or by fellow students while the undersigned and/or such property is upon the premises of Fight Sports Academy LLC, or while the undersigned is a participant in any exhibition, demonstration or contest It is understood by the undersigned that Jiu-Jitsu is a sport involving physical combat and therefore the undersigned hereby assumes the risk of any injury which he might sustain while involved in THE PRACTICE OF JIU JITSU AT Fight Sports Academy LLC. I hereby authorize and consent to the use of his/her or my visual image by Fight Sports Academy LLC, for appropriate purposes, including but not limited to: still photography, videotape, electronic and print publications, websites and social media.

I give this consent with no claim for payment.

Agreement for Credit/Debit System (Non-members Only)

There is no refund once you attend the week. Also we will need a week's notice for cancellation with a refund.

I authorize Fight Sports Academy LLC to bill my bank account or credit card for my dues by electronic fund transfer (EFT), pre-authorized check or credit card charge. Our dues are processed by First Data Merchant Services Corporation; a \$15 service fee will apply to all delinquent accounts. Your account will be billed upon minimum participant requirements.

Member Initials _____ (Must be initiated by the person who I am providing the payment method.)

Charge the membership Fight Sports has on file: **Yes** or **No**

The club will bill the following:

Bank Account #:

Credit Card #:

Name (as it appears on the check/credit card):

Discover AMEX Checking Savings Routing#:

Exp Date:

Zip Code:

CVV: _____

Signature of Parent or Guardian

I have read and understand the Fight Sports Academy LLC Camp Disciplinary Policy and Waiver.

Signature of Parent or Guardian

SPECIAL NOTES:

Afternoon Pick Up Names:

Office Use Only:

<p>Sessions Signed up for:</p> <p>Session 1 Reg. Paid: ____ Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____</p> <p>Session 2 Reg. Paid: ____ Week 1 ____ Week 2 ____ Week 3 ____ Week 4 ____</p> <p>Session 3 Reg. Paid: ____ Week 1 ____ Week 2 ____ Week 3 ____</p>	<p>Is camper doing Aftercare Y or N Is camper doing Early Drop off Y or N Form of Payment:</p> <p>Emergency Contact : Pick Up Only By: Photocopy of Id of pickups on back of this sheet</p>
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