



Boltz's Family Martial Arts Academy

Emergency Contact Form

This form must be COMPLETE in order to participate.

Camper First Name: _____ **Camper Last Name:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Preferred Phone: _____ Home Mobile

Email: _____

Date of Birth: _____ **Gender:** Male Female

Emergency Contact/Parent Info

Parent/Guardian 1: _____ **Relationship:** _____

Phone: _____ **Email:** _____

Parent/Guardian 2: _____ **Relationship:** _____

Phone: _____ **Email:** _____

How did you hear about us? _____

The Camper/Camper's Parent or Guardian (the "Customer") understands and agrees that strict observation of Family Martial Arts Academy (the "Business") rules and regulations and the rules and regulations relative to martial arts and fitness training, including the use of protective equipment when appropriate, is required. The Customer understands and agrees that the use of the facilities and the Customer's presence at the facilities are at the sole risk of the Customer. The Customer understands and agrees that martial arts involves skills and training which include violent and sudden movements and that in connection with the training and instruction, there will be physical contact between instructors and Customers and between and among the Members and Customers and that such contact may result in personal injury to the Customer, despite precautions taken to avoid such injuries. Customer hereby consents to engage in such contact as may be necessary or required by participation in the training program and/or classes. The undersigned grants the school permission to use photographs, videotapes, artwork or other likenesses of the student for marketing, trade, publishing or any other lawful purpose.

Customer, on behalf of him/herself and anyone claiming by or through the Customer, hereby holds harmless, releases and forever discharges FMAA, it's officers, directors, employees, agents and operators and authorized representatives from any liability, claim, loss, including loss of property, damage, personal injury, or expense incurred by the Customer and arising from the Customer's participation in any program offered by the business, including, but not limited to, any injury or damage caused by the negligence or willful misconduct of FMAA, the Business, its instructors, Members, agents, employees, operators, or authorized representatives. The Customer specifically understands and agrees that he/she is assuming the risk of any and all injuries that he/she may suffer or incur as a result of his/her execution of this agreement and participation in any program offered by the Business. Taekwondo is a contact sport!

Parent/Guardian Signature

Date



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First Aid

As a Legal Guardian/Parent for my child, _____ I do hereby consent and authorize the camp staff to take any and all action, including use of medical services and hospital facilities as they deem appropriate in the event that my child should become ill or otherwise injured while under the care of the program.

Parent/Guardian Signature

Date

Preferred Hospital: _____

Approved Pick-Up List/Assume Care and Transportation (If you can't be reached)

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Not Approved for Pick Up

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Allergies and Medications

The Staff needs to be aware of the following allergies:

The following medications will need to be administered: _____

Parent/Guardian Signature

Date