

DARIMAR Martial Arts Summer Day Camp 2010

Registration

Date of register _____

Student Information

First Name _____ MI _____ Last _____

Date of birth _____ Age _____ Male Female

School _____ Grade (10~11) school year) _____

Address _____ City _____ State _____ Zip _____

Home phone # _____

Mother's Name and cell phone # _____

Father's name and cell phone# _____

e-mail _____ Are you a DARIMAR member? yes no

Payment Information

Check the box(s) for the session(s) you would like to attend:

- | | | |
|-------------------------------------|-------------------|-------------------------------------|
| <input type="checkbox"/> Session 1 | June 14 - June 18 | Summer Blast Off |
| <input type="checkbox"/> Session 2 | June 21 - June 25 | Help each other |
| <input type="checkbox"/> Session 3 | June 28 - July 2 | Red, White & Blue |
| <input type="checkbox"/> Session 4 | July 6 - July 9 | Focus & Concentration |
| <input type="checkbox"/> Session 5 | July 12 - July 16 | Olympic Taekwondo
& Self Defense |
| <input type="checkbox"/> Session 6 | July 19 - July 23 | Responsibility |
| <input type="checkbox"/> Session 7 | July 26 - July 30 | Yes, I can! |
| <input type="checkbox"/> Session 8 | Aug. 2 - Aug. 6 | Self-discipline |
| <input type="checkbox"/> Session 9 | Aug. 9 - Aug. 13 | Respect |
| <input type="checkbox"/> Session 10 | Aug. 16 - Aug. 20 | Peace of mind |
| <input type="checkbox"/> Session 11 | Aug. 23 - Aug. 27 | No Theme Week |

Register for 1-4 weeks: \$185 per week

Register for 5-11 weeks: \$175 per week

\$50 weekly deposit is not refundable.

_____ x \$ _____ = \$ _____
Total # of session weekly fee Total fee

_____ x \$50(deposit) = \$ _____
Total # of session

Uniform: \$40 + \$2.70 tax = \$42.70
(If you don't have one)

Total amount paid today: \$ _____

Balance: \$ _____

No adjustments or refund in fees will be made for absences during the week.

*Rates are the same for members and non-members, and siblings receive a 10 % discount on camp portion of the fee.

If you need pre-camp, you must let us know what time you will be arriving for camp. _____ AM

Checks made payable to: DARIMAR Martial Arts

Visa,MC, Dis, AX No. _____ Exp. Date _____ CCV# _____

Authorized Signature _____ Date _____

T-shirt size: Child 6-8 Child 10-12 Child 14-16 Adult S Adult M Adult L

Emergency Medical Information

Please indicate any relevant medical or miscellaneous information about your child _____

Please list any food allergies _____

Emergency contact person _____ Phone _____

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital Preference _____ Phone _____

PARENT AUTHORIZATION: In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the student to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

REFUSAL TO CONSENT: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the DARIMAR staff to take the following action:

Parent/Guardian Signature _____ Date _____

Code of Conduct

My child _____ and I, _____, both agree that if he/she is not following the rules and abiding by the directions given to him/her at camp, the Darimar Staff has the right to ask him/her to not return to camp. Parents will be notified, using the contact numbers provided, if there are any problems (behavioral or other) deemed serious enough for removal of the child for either the day or the remainder of camp. If there is a removal from camp, there will be no refund for the days in which the child was unable to participate.

Parent's Signature _____ Date _____

Child's Signature _____ Date _____

Waiver of Liability/ Release

I hereby grant permission for my child, _____ (child's name) to participate in the DARIMAR Martial Arts Day Camp 2010. I understand and acknowledge that my child's participation in the camp will involve some strenuous physical activity and some physical contact, and may be hazardous and could result in personal injury. Recognizing and assuming the risks involved therein, I hereby waive liability as to, and relinquish all rights that I have now or may have in the future against DARIMAR Martial Arts, Inc., its officers, and employees, teachers, and counselors, from all liability and for any and all damages and injuries suffered by my child while under instruction and/or supervision of DARIMAR.

In addition, I agree to indemnify and hold DARIMAR and its employees harmless from and against any and all claims, demands, fines, suits, actions, orders, or damages of any kind that may arise or result out of or from my child's participation in the camp.

This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent/Guardian Signature _____ Date _____