



# METRO KRAV MAGA & KICKBOXING MARTIAL ARTS CAMP REGISTRATION FORM



Student Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ M/F: \_\_\_\_\_

Mother (Guardian): \_\_\_\_\_ Occupation: \_\_\_\_\_

Father (Guardian): \_\_\_\_\_ Occupation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I have filled out and reviewed my current child pick-up list and I understand ONLY those who are listed will be allowed to pick up my child(ren).**

\_\_\_\_\_

**I understand that I am responsible for any food allergies my child may have. He/she must let the staff at Metro Krav Maga know about these allergies and I am responsible to provide my child with his/her appropriate food.**

\_\_\_\_\_

**If I am a Lifetime Member, camps and lock-in's are included in my membership. However, I understand space is limited. If I make alternate plans, my child becomes ill, or for any other reason does not attend Metro Krav Maga & Kickboxing Summer Camp; I agree to immediately contact Metro Krav Maga & Kickboxing, so another child may attend. I also understand that failure to do so WILL RESULT IN A \$50 FEE BEING CHARGED TO MY ACCOUNT.**

\_\_\_\_\_

**In consideration for my child's attendance and participation in the Martial Arts lock-in offered by Metro Krav Maga & Kickboxing, I acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. As the legal guardian of this child, I further relieve the school, its management, assigned staff and fellow students from all liability resulting from loss (whether personal belongings or bodily injury). I also state that he/she is physically fit to take the prescribed course of instruction and does so of their own free will.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

