



BENICIA MARTIAL ARTS ACADEMY
YU WON HWA MU SUL (TRADITIONAL KOREAN MARTIAL ARTS)

SUMMER CAMP SIGN UP SHEET

CHILD INFORMATION:

Name: _____

Birth Date: _____ Age: _____

MEDICAL CONCERNS / SPECIAL ACCOMMODATIONS: (Ex: Food Allergies, Diabetes, Asthma)

PARENT / LEGAL GUARDIAN INFORMATION:

Name _____

Address _____ City _____ State ____ Zip _____

Home Phone () _____ Mobile Phone () _____ Work Phone () _____

Employer _____ Address _____

City _____ State ____ Zip _____ Email _____

EMERGENCY CONTACT:

Name _____ Address _____

City _____ State ____ Zip _____ Home Phone () _____ Mobile Phone () _____

Work Phone () _____ Email _____

Week:

T-Shirt Size:

- July 15 - 19
- July 22 - 26
- August 5 - 9
- August 12 - 16

- Child Small
- Child Medium
- Child Large
- Adult Small
- Adult Medium
- Adult Large

Hold Harmless Agreement

I understand that participation in Martial Arts activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Benicia Martial Arts Academy, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to a medical provider selected by the class instructor in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the instructor in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

SIGNATURE OF PARENT/ GUARDIAN _____ **DATE** _____