

AUSTIN KENPO KARATE, INC.

Summer Camp Student Registration Form

NAME: _____

AGE: _____ DOB: mm/dd/yy _____ EMAIL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

GUARDIAN CONTACT 1: _____

CONTACT PH: (H) _____ (W) _____

CELL: _____ PAGER: _____

GUARDIAN CONTACT 2: _____

CONTACT PH: (H) _____ (W) _____

CELL: _____ PAGER: _____

AUTHORIZED REPRESENTATIVE (To Pick Up Child): _____

CONTACT PH: (H) _____ (W) _____

CELL: _____ PAGER: _____

STUDENT'S SCHOOL: _____

INJURIES, ILLNESS, DISABILITIES: _____

FOOD/DRUG ALLERGIES/INTOLERANCES: _____

CURRENT FITNESS ACTIVITIES: _____

PREVIOUS TRAINING: (Check One) YES NO IF YES, PLEASE DESCRIBE BELOW:

_____ LENGTH: _____ HOW LONG AGO? _____

PLEASE CHECK ALL THAT APPLY:

<u>HEARD ABOUT SCHOOL</u>	<u>CHOSE THIS SCHOOL</u>	<u>REASON FOR TRAINING:</u>
BY:	FOR:	
PHONE BOOK	<input type="checkbox"/> LOCATION	<input type="checkbox"/> SELF DEFENSE
SIGN	<input type="checkbox"/> PRICE	<input type="checkbox"/> PHYS. CONDITIONING
REFERRAL	<input type="checkbox"/> SYSTEM	<input type="checkbox"/> MENT. CONDITIONING
OTHER:	<input type="checkbox"/> OTHER:	<input type="checkbox"/> SPORT
		ART
		OTHER:

"I understand that prepayment of camp tuition in full is required to enroll my child in the summer camp. I agree to drop off my child no sooner than 7:30 AM, no later than 8:00 AM, and will pick up my child no later than 5:30 PM. Failure to adhere to this requirement will result in an additional \$10 fee per incident, per day, and is due and payable immediately. I have read, understand and agree to the terms and curriculum as listed on the camp flyer, this form and/or have discussed them with a representative of Austin Kenpo Karate."

STUDENT SIGNATURE: X _____ DATE: _____

PRINT NAME: _____

GUARDIAN SIGNATURE: X _____ DATE: _____

PRINT NAME: _____

AUSTIN KENPO KARATE, INC.

Summer Camp Student Registration Form (Continued)

AUSTIN KENPO KARATE, INC. will provide the above course of instruction and any failure on my part or my child's to participate in the registered camp time within 7 days from the first day that the child is scheduled to attend the Austin Kenpo Karate Summer Camp shall not obligate the studio any further but shall not relieve me of my obligation under this agreement. There shall be no refunds of unused camp time unless written notice is given as outlined in this agreement, no less than 14 days prior to the first day that the child is scheduled to attend the Austin Kenpo Karate Summer Camp. I acknowledge that AUSTIN KENPO KARATE, INC. reserves the right to remove student from camp temporarily and/or permanently due to misbehavior or illness, and that I must make arrangements to pick up my child immediately following such notification. I agree that AUSTIN KENPO KARATE, INC., its owner, instructors and /or affiliated employees may perform first aid, CPR, call for an ambulance, and/or otherwise medically treat or arrange for medical treatment for my child when necessary. In case of emergency I understand and agree that medical treatment or ambulance and/or hospital services may be contacted prior to notifying me. I acknowledge that AUSTIN KENPO KARATE, INC. will transport my child as necessary to and from activities that will be located away from the school and that I will not hold AUSTIN KENPO KARATE, INC., its students or instructors for any accidental automobile liable for any injuries that may occur and assume that the risk associated with such transport is comparable to the risk assumed when normally transporting my child in an automobile. I state that my child is physically fit to take karate and participate in this program. Student further acknowledges the existence of some personal risk in participating in said prescribed course like any physical sport or activity, and is assuming this risk without liability to AUSTIN KENPO KARATE, INC., its students, or its instructors. I understand that if my child has food allergies or other dietary restrictions that I am aware of that meals will not be provided by AUSTIN KENPO KARATE, INC. and I must provide my child with all lunches and snacks. I acknowledge that AUSTIN KENPO KARATE, INC. will not dispense medication, prescribed or over the counter, to student other than as described in this agreement for medical emergencies. Student must be able to dispense their own medication(s). This is a contractual agreement; students will be relinquished from their contract if they have a permanent medical injury that would prevent the student from participation in the program. Such relinquishment is subject to submission and approval of written documentation supporting such conditions to AUSTIN KENPO KARATE, INC. The effective date of relinquishment from the student's contract is the 1st day of the following the date of the submission of a written request accompanied by required documentation, and any refund of payment is solely the discretion of AUSTIN KENPO KARATE, INC and will be prorated. No oral modification of this contract exists unless written in this agreement. I understand and agree to the terms of this agreement.

Initial Term (Please refer to camp flyer for rates): One Week Two Weeks Three Weeks Four Weeks

Other: _____ Weeks

Start Date (Must fall on a Monday): _____

Method of Payment (Please refer to camp flyer for rates):

Credit Card: (Circle One) MC Visa Disc **Authorized Amount: \$** _____

Number: _____ Exp (mm/yy): _____

Cardholder Name: _____

Cardholder Address, City, State, ZIP: _____

Cardholder Phone Number: _____

Paypal: Accepted on www.austinkenpokarate.com or send to sales@austinkenpokarate.com (Attach receipt to this form)

Check: Number: _____

(There is a \$25.00 fee for all returned checks. Payment via another method will be due immediately if check is returned.)

Cash (Must be made in person)

Methods to Submit Student Application Form:

1. **Mail** completed, signed form and payment (or Paypal receipt) to Austin Kenpo Karate, 5501 N. Lamar Blvd. #A-225, Austin, TX 78751. Must be received by due date as outlined on camp flyer. We will attempt to reach you using the contact information given below to acknowledge receipt.
2. **Fax** (credit card and Paypal only) to: (512) 836-1411. We will contact you to acknowledge receipt.
3. **Deliver** your paperwork in person. Please call us prior to coming in, as instructors are not always available to take your paperwork and payment from you. We will do our best to work with your schedule.

If you are mailing or faxing your payment and would like to receive a paper receipt prior to the first day of camp, please check which method you would like to receive it: Mail (Sent to cardholder address only) Fax: _____

Email: _____

Student Signature (If student is over 18.) & Date

Instructor Signature & Date

Parent/Guardian Signature & Date