



Martial Arts Summer Camp
Registration Packet

Joey Brassell's Family Martial Arts Academy
111 9th Ave W, Springfield, TN 37172
(615)589-1442

Student Health Information

Please print all requested information

Student's Physician:

Doctor's Name _____ Phone _____

Address _____ Fax _____

Student's Dentist:

Dentist's Name _____ Phone _____

Address _____ Fax _____

Insurance Information:

Medical Insurance Company _____

Policy Number _____

Dental Insurance Company _____

Policy Number _____

Desired Hospital In Case of Emergency _____

Health Information:

I consider my child's health to be (circle one): Excellent Above Average Average Poor

If "Poor" please explain: _____

Are there any medical conditions that we need to be aware of: _____

Does your child require an EpiPen? Yes ___ No ___ **If yes, please supply a copy of the allergy action plan.**

Does your child have any special needs that we should be aware of? _____

Registration Form

Summer of 20__

There is a non-refundable

Registration Fee: \$50

Child's Name _____

Birth Date _____ Age _____ Gender _____ Grade _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Guardian 1: Name _____ Guardian 2: Name _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

Phone (W) _____ (C) _____ Phone (W) _____ (C) _____

**In the event I am unable to pick up my child, the following people are allowed to do so. Parents or designated adults must check out the child with the instructor prior to leaving the facility.

Emergency Contact Information:

1. Name _____ Relationship _____

Phone Numbers (H) _____ (W) _____ (C) _____

2. Name _____ Relationship _____

Phone Numbers (H) _____ (W) _____ (C) _____

My child/children's estimated weekly tuition: 1st child \$120 = a. _____

Additional children \$60/each = b. _____

Approximate Monthly Cost = _____

____ I understand that I am responsible for paying all applicable fees.

____ I understand that I am responsible for notifying the school of any absences.

____ I also understand that I am agreeing to all the terms and committing to use this program for the full summer.

____ I understand that a vacation notice is to be turned in 2 weeks prior to avoid charge.

Parent's/Guardian's Signature _____ **Date** _____

Release/Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in the Martial Arts Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below martial arts activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such conditions and refuse to participate. I understand and agree that, if at any time, I feel anything to be unsafe; I will immediately take all precautions to avoid the unsafe area and refuse to participate further.
2. I/We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in martial arts event and activities which could result in bodily injury partial and/or total disability, paralysis and death.
 - b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
 - c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
3. I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.
4. I/We hereby release, waive, discharge and covenant not to sue the martial arts facility used by the participant, including its owners, managers, promoters, leasees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purpose herein referred to as "Releasee"...From all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next to kin for any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant or damage to property, arising out of or relating to the event(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I/We hereby acknowledge that the activities of the event(s) are very dangerous and involve the risk of serious injury and/or death and/or property damage. Each of the undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releases.
6. Each of the undersigned further expressly agree that the forgoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the province or state in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this waiver and release. If, despite the release, the participant makes a claim against any of the releasees, the parent(s) and/or legal guardian(s) will reimburse the releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OR ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Martial Arts School Joey Brassell's Family Martial Arts Academy

Student/Participant Signature _____

Parent/Guardian Signature (if minor) _____

Printed Name of Participant _____

Received by _____ Date _____

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Behavior Policy

Our program is committed to creating a Christian environment in which children can develop the basic values of respect, compassion, honesty and responsibility. This enables children to learn how to develop appropriate behavioral limits in a variety of situations.

Joey Brassell's Family Martial Arts Academy offers a Christian environment where all children and staff feel respected, safe and secure. Parents will be notified if a child is disruptive, engages in dangerous behaviors, use inappropriate language or bullies other children. Such behaviors will be discussed with both the student and the parent/guardian. If these behaviors persist, this will result in a suspension and /or removal from the program. Tuition will not be refunded. The safety of our staff and all children are top priority. Please be sure to discuss this policy with your child so everyone involved is aware of what is expected while attending our program.

I have read the Behavior Policy and agree to adhere to the above.

Parent/Guardian Signature _____ Date _____

Student's Signature _____ Date _____

Parent-Program Agreement

20__

Child's Name: _____ DOB: _____

Date of enrollment: _____

1. The following is your child's/children's Monthly fee: \$ _____
2. The tuition for all programs is due the first ten days of the month. There will be a late fee charge of \$20.00.
3. There will be no refund if your child is absent, holidays or vacation days without notice.
4. As stated in the child/parent information sheet:
 - a. No person or persons other than those specifically authorized by the child's parents will be allowed to pick up a child unless he/she has a note written and signed by the parent. Proper identification must be provided at pick up.
5. I give my permission to Joey Brassell's Family Martial Arts Academy for the following:
 - a. To seek emergency medical treatment for my child in case I am unavailable when such treatment is needed.
 - b. To allow my child to appear in photographs taken by the program and to allow any pictures of my child to be released for publication in newspapers, brochures or public relations.
6. I understand that I am responsible for paying all applicable fees.
7. I understand that I am responsible for notifying the program of any absences.
8. I also understand that I am agreeing to all the terms outlined in this packet and committing to use this program for the current school year.
9. Summer camp will run June 1st-July 31st.

Parent/Guardian Signature _____

Print Parent/Guardian Name _____ **Date** _____