

# 2019 SUMMER CAMP REGISTRATION FORM

USE THIS FORM FOR SUMMER CAMP WITH ANY BLACK BELT WORLD CANADA LOCATIONS ONLY

## STUDENT INFORMATION

First Name	Last Name	Birth Date	Age	Gender
		MM / DD / YYYY		M / F
Street Address	Unit	City	Postal Code	
Does your child require a Booster Seat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Does your child have Special Needs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Special Needs	
Does your child have Allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Allergies	
Does your child have Medical Conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Conditions	

## PARENT / GUARDIAN INFORMATION

First Name	Last Name	Relation
Email	Mobile	
	(       ) -	
Emergency Contact	Mobile	
Full Name	(       ) -	

## CAMP OPTIONS & DETAILS

<input type="checkbox"/> <b>DAILY</b>	<b>\$70 +hst</b>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday					
<input type="checkbox"/> <b>WEEKLY</b>	<b>\$275 +hst</b>	<input type="checkbox"/> Week 1	<input type="checkbox"/> Week 2	<input type="checkbox"/> Week 3	<input type="checkbox"/> Week 4	<input type="checkbox"/> Week 5	<input type="checkbox"/> Week 6	<input type="checkbox"/> Week 7	<input type="checkbox"/> Week 8	<input type="checkbox"/> Week 9	<input type="checkbox"/> Week 10
<input type="checkbox"/> <b>FULL CAMP</b> Before June 1 <sup>st</sup>	<b>\$1895 +hst</b>	Includes: Dri-Fit Shirt, Color Belt Dobok, White Belt, Travel & Admission Fees <i>(Premium Excursion's such as African Lion Safari, Ripley's Aquarium will be at an additional cost)</i>									
<input type="checkbox"/> <b>FULL CAMP</b> After June 1 <sup>st</sup>	<b>\$2055 +hst</b>	Includes: Dri-Fit Shirt, Color Belt Dobok, White Belt, Travel & Admission Fees <i>(Premium Excursion's such as African Lion Safari, Ripley's Aquarium will be at an additional cost)</i>									

- OFFICE USE ONLY -

SUBTOTAL	TAX	PAYMENT TOTAL	METHOD OF PAYMENT

## WAIVER AND CONSENT

**WAIVER AND RELEASE:** I fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to Black Belt World (hereinafter referred to as "the School"), that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the School. We acknowledge that the School shall make no and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the School's facilities or equipment on or off the premises of the School, including tournaments or field trips, shall be at our own risk. We hereby release, indemnify and save harmless the School, and its officers, directors, employees and agents from and against any and all claims, demands, damages, costs and liabilities of any kind or nature, including solicitor's fees and costs, for injury to or death of myself or my child(ren), or of any person or persons who become entitled to use the facilities of the School by virtue of our membership, or any third persons, which arise directly or indirectly out of or in connection with our participation in any program or course of instruction either on or off the premises of the School, or by virtue of our presence at the School or at any of the School's off-premises events, whether or not in fact we or such other persons are then participating in any particular program or event. We understand, and agree that the School shall not be responsible for the conduct of other users of the School or its facilities or equipment, or participants in the School's off-premises programs, or for any injury or death or damage to property resulting from such conduct, and we shall not bring any action or proceeding against the School for any payment compensation or claim for any loss of life or injury caused by any such user.

**PERMISSION TO RIDE AND PARTAKE IN EXCURSIONS:** I give the School and their representative(s) permission to take my child on excursions during the duration of the Summer Camp hours/day(s). I understand and accept that the School reserves the right to cancel and/or postpone any excursions due to unforeseen circumstances or weather conditions. I understand that it is my responsibility to provide a required booster seat and/or car seat for my child a day before or the day of the excursion. I fully recognize that if my child cannot participate in the excursion or a required booster seat and/or car seat was not provided, the School and their representative(s) reserves the right not to accept the child for the day, therefore leaving the child in the possession of the parent/guardian to find other alternatives for the day.

**LOSS/DAMAGE/THEFT OF PROPERTY:** I understand and agree that neither the School, nor its officers, directors, agents or employees shall be responsible for any personal property which is damaged, lost or stolen in or around the School or its facilities, or at any of the School's off-premises events and/or field trips. We also understand and agree to be responsible to replace, at our own expense, or to reimburse the School for all losses, breakages or damages caused by accidental, negligent or wrongful acts by the Student and/or Students' guest(s).

**RULES AND REGULATIONS:** I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the School has the right to alter or amend any and all rules and regulations, including those set forth in this Summer Camp Registration Form, and we agree to abide by all such amended rules and regulations. We understand that our membership and the right to use the School's facilities and programs may be suspended or terminated at any time with or without cause.

**ADDITIONAL COSTS:** We understand and agree that there may be additional payments required for the Summer Camp, including but not limited to Premium Excursions, uniform replacements, penalty fees associated with Late Pick-Up, etc. We also understand and agree that the cost of uniforms, equipment, supplies and etc. must be purchased separately through Black Belt World. All Government taxes, including HST, are in addition to and will be automatically added to all payments. We understand the School reserves the right to charge extra for any new services and penalties.

**PHOTOGRAPHS:** We hereby authorize the School and its agents, successors and assigns to photograph me or my child(ren) and/or use our voice without restriction and to utilize such photographs and/or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of the School, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such use.

**AUTHORITY TO TREAT:** I give the instructors, staff and responsible adults of the School the power to authorize medical or other treatment of myself and/or my child(ren). If I am not the person named, I am the parent, guardian or adult responsible for the person named and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent, guardian or adult responsible has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations set out in the Medical & Waiver Form. This authority begins on the date signed and continues throughout the term of this Agreement or any renewal. By giving my authorization, I assume responsibilities for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions. I understand that the instructors may have limited skills in first aid and at their discretion, I authorize them to use those skills and techniques to assist in any circumstance in which they judge their skills would be necessary or helpful.

**CANCELLATION:** I understand and agree that any missed or cancelled days will not be reimbursed and that any payments made towards my child's Summer Camp are non-refundable. Withdrawal from the Summer Camp is only permitted in the event of a medical emergency with enough proof.

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Legal Guardian Signature

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Legal Guardian Name (*Please Print*)

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Date