



**2011 Summer Self-Defense/Hapkido Camp
Registration Form
June 27 – June 30**

Campers Name:

First: _____ Middle Initial: _____ Last: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____ Age: _____ Gender: _____

School Grade in Sept: _____ Regular medication(s): _____

Food Allergies: _____

Father's Name: _____ E-mail address: _____

Work phone: _____ Cell phone: _____

Mother's Name: _____ E-mail address: _____

Work phone: _____ Cell phone: _____

Camper's T-shirt size:

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult Extra-Large

Cross Martial Arts Center

3271 FM 663, Ste. C&D

Midlothian, Texas 76065

Phone: (972) 775-1857

<http://www.crosstk.com>



Injury Waiver:

INTENT... I DO HEREBY STATE MY INTENT TO ENROLL IN THIS SCHOOL'S PROGRAM OF MARTIAL ARTS SUMMER CAMP AND WILL ABIDE BY THE REGULATIONS, CUSTOMS, CEREMONIES, AND CODE OF CONDUCT SET FORTH BY THE INSTRUCTORS AND SCHOOL AS A WHOLE.

HEALTH STATUS... FURTHERMORE, I CERTIFY THAT I AM OR MY CHILD IS IN GOOD HEALTH, AND KNOW OF NO IMPAIRMENT TO HEALTH OR PHYSICAL BEING THAT WOULD PREVENT ME OR MY CHILD FROM PARTICIPATING IN THIS SCHOOL'S PROGRAM OF MARTIAL ARTS SUMMER CAMP. I ALSO FULLY UNDERSTAND THAT AN INHERENT RISK EXISTS WHEN PARTICIPATING IN A MARTIAL ARTS SUMMER CAMP AND THAT THERE IS A POSSIBILITY THAT I OR MY CHILD MIGHT SUSTAIN AN ACCIDENTAL INJURY IN CONNECTION WITH THE ACTIVITIES OF THIS PROGRAM OF MARTIAL ARTS SUMMER CAMP, WHETHER DURING THE ACTUAL COURSE OF INSTRUCTION, IN ORGANIZED COMPETITION, OR OTHER TRAINING. I FURTHER AGREE TO ASSUME THE RISK OF ANY ADVERSE EFFECT ON MY HEALTH OR MY CHILD'S HEALTH DUE TO MARTIAL ARTS CAMP IN THIS SCHOOL'S MARTIAL ARTS PROGRAM. LEGAL WAIVER...IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATION IN THE ACTIVITIES OF THIS SCHOOL'S PROGRAM OF MARTIAL ARTS SUMMER CAMP, I HEREBY WAIVE ANY CLAIM AGAINST THIS SCHOOL, THE OWNERS, OR ANY INSTRUCTORS OR PERSONNEL INVOLVED WITH THIS SCHOOL, INCLUDING CLAIMS RELATED TO INJURIES SUSTAINED DUE TO ACTS OF NEGLIGENCE. I ALSO HEREBY AGREE NOT TO ASSERT ANY SUCH CLAIMS AGAINST THIS SCHOOL, THE OWNERS, OR ANYONE CONNECTED WITH SAID ORGANIZATION.

Payment information:

Camp fee is \$175 per camper

We accept cash, check, PayPal, credit card, or debit card payable to Cross Martial Arts Center.

Parent's printed name: _____

Parent's signature: _____ Date: _____

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