



Flying Kick Spring Break Camp™

April 10-14, 2017

We provide a fun and safe environment where each camper can grow and achieve according to his or her ability.

SPRING BREAK CAMP REGISTRATION

Student Name: _____

Age: _____ DOB: _____ Reg. Date: _____

Parent/Guardians: _____
(if student is under 21)

PREFERRED EMAIL: _____

EMAIL: _____

Address: _____

Telephone HOME: _____

WORK: _____

Parent/Guardian 1 CELL: _____

Parent/Guardian 2 CELL: _____

EMERGENCY CONTACT: _____
(Other than parents/guardians)

Current TaeKwonDo Rank: _____

Previous TaeKwonDo experience: _____

How did you hear about us? _____



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APPLICATION FOR SPRING BREAK CAMP

I would like to register my child for the Flying Kick Fitness, Inc.™ Spring Break Camp for the week of April 10, 2017. A \$100 deposit is required to hold a place. Full payment is required by February 15, 2017.

I understand that TaeKwonDo and other related fitness activities may involve strenuous physical activity and I believe that my child is in adequate physical condition to safely engage in all such activities. I agree to inform instructors and supervisors of any inquiry or physical condition that might hamper my child's ability to engage in such activities safely. However, I recognize and acknowledge that even though I or my child has provided Flying Kick Fitness Inc. with such information does not make such individuals or Flying Kick Fitness Inc. in any way responsible for the consequences of my child engaging or participating in such activities, or any other activities sponsored by Flying Kick Fitness Inc., notwithstanding any such injury or physical condition.

I, as parent or guardian of a camper, understand that Flying Kick Fitness Inc. takes reasonable precautions to ensure that programs and activities sponsored by Flying Kick Fitness Inc. or elsewhere are conducted by qualified personnel in a safe and reasonable manner. However, I further understand that these activities involve certain risks of injury and include, but are not limited to, TaeKwonDo training and/or various team sports, games, and activities. I, as a parent or guardian of a camper, recognize and assume these risks and hereby waive and release all claims for myself, my heirs and assigns, against Flying Kick Fitness Inc. and their directors, personal representatives, officers, instructors, agents, supervisors, representatives and employees, for any and all illness, injuries or damage that the camper or his/her property may suffer or incur as a result of or in any way relating to his/her participation in, or travel to or from, Flying Kick Fitness Inc. Spring Break Camp activities at Flying Kick Fitness Inc.

Additionally, I have read and understand that the \$100 deposit is required to hold a place. Fully payment is required by February 15, 2017.

Parent/Guardian signature _____

Printed Name: _____ Date: _____

Student Name