

Aikido Summer Camp

REGISTRATION FORM

Please submit one form for each child attending

Child's Name: _____ Age: _____ Height: _____ Weight: _____

Parent(s)/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Please tell us of any health problems that we should be aware of:

Summer Camp Fees

ASF Member Fees:
\$250 per week

Non-Member Fees:
\$300 per week

Additional siblings and referrals can receive \$25, \$50, \$75 or more per week in discounts! Fees include snacks, classes, camp t-shirt, weekly field trips and all arts and crafts supplies. Additional t-shirts are \$15.

Camp tuition due before participation and can be paid via credit card, debit card or cash only. We can also auto debit your credit card or debit card once a week to ensure timely payment or just make it a little more convenient for you.

An additional \$50 will be assessed for late payment, insufficient funds or declined funds at the time of debits. As a courtesy to our patrons and participants, Aikido of South Florida has allowed payments to be made weekly as we understand the challenge of making such a large payment in advance. However, although the dues are paid weekly, it is understood that the total amount at the time of registration will be paid in full. There will be no refunds under any circumstances. Non-attendance does not constitute cancellation or release your financial obligation for the weeks enrolled in this agreement.

Summer Camp Sessions

Please mark sessions your child will be attending

- Week 1 June 14 - June 18 Week 5 July 12 - July 16
 Week 2 June 21 - June 25 Week 6 July 19 - July 23
 Week 3 June 28 - July 2 Week 7 July 26 - July 30
 Week 4 July 5 - July 9

Weeks Attending _____ @ \$ _____ per week

Family Member Discount \$ _____

Friend Discount* \$ _____

Total \$ _____

I agree to pay the total amount of \$ _____ and acknowledge that non-attendance for any reason does not constitute the cancellation or release my obligation to pay the amount due for the weeks to which I have committed within this agreement. _____

*Name of friend _____

Release of all Claims

I _____ recognized as the releasor being the parent or legal guardian of the applicant for the Aikido Summer Camp, understand that my child's participation in the referenced Aikido Summer Camp is voluntary and at their risks and expense. Releasor also acknowledges that the practice of aikido is a martial art and involves bodily contact and the use of wooden sword and staff of which has inherent risks of injury. Releasor hereby assumes full responsibility and risks in the case of any bodily injury, losses, death or property damage that may be incurred due to the negligence of all releasees, or otherwise, while in or on the designated locations for the Aikido Summer Camp and/or while participating, practicing or for any purpose participating in the Aikido Summer Camp activities. The parent and/or legal guardian acknowledges that Aikido of South Florida, and all those connected with Aikido of South Florida, Inc., its successors, assigns, executors, administrators and agents shall not be responsible or in any capacity liable to the student, the parents, guardians, heirs, executors or administrators for any loss or damages sustained by or to the student due to any negligence incurred of any sort during the participation of the Aikido Summer Camp.

The undersigned student, parent or legal guardian of the student, their heirs, executors and administrators have agreed to waive all rights to pursue any legal action or claim against Aikido of South Florida, Inc., its successors, assigns, executors, administrators and agents for any loss or damages incurred and shall indemnify and save harmless Aikido of South Florida, Inc., its successors, assigns, executors, administrators and agents against, but not limited to all damages, death or loss of expenses which may be incurred as the result of any claim or action made at any time in the future.

Signature of Parent or Guardian

Date