

East Coast Martial Arts

Summer Camp Registration

NAME OF **1st PARTICIPANT** (First, Middle Initial, Last) _____
 AGE _____ CURRENT RANK _____
 If not ranked, is there any previous experience? Yes No
 Does the 1st Participant have any physical limitations, allergies or other issues that ECMA should be aware of? Yes No
 If yes, please list: _____

NAME OF **2nd PARTICIPANT** (First, Middle Initial, Last) _____
 AGE _____ CURRENT RANK _____
 If not ranked, is there any previous experience? Yes No
 Does the 2nd Participant have any physical limitations, allergies or other issues that ECMA should be aware of? Yes No
 If yes, please list: _____

NAME OF **3rd PARTICIPANT** (First, Middle Initial, Last) _____
 AGE _____ CURRENT RANK _____
 If not ranked, is there any previous experience? Yes No
 Does the 3rd Participant have any physical limitations, allergies or other issues that ECMA should be aware of? Yes No
 If yes, please list: _____

RESPONSIBLE PARENT/LEGAL GUARDIAN & PAYMENT INFO

NAME OF **RESPONSIBLE PARENT OR LEGAL GUARDIAN** (First, Middle Initial, Last) _____
 ADDRESS (Street Address, City, State, Zip) _____
 E-MAIL _____ PHONE NUMBERS (cell) _____ (home/office) _____
 Check which phone to call first: Cell Home /Office

Credit Card Payment Information Visa MC Discover
 Card Number (if paying by credit card or attach check) _____ XP (MMYY) _____

Check if credit card billing information is the same as above. If not, please write correct info below.
 NAME ON CARD AS IT APPEARS _____
 BILLING ADDRESS (Street Address, City, State, Zip) _____

PERMISSION AND AUTHORIZATION - SIGNATURE REQUIRED

By signing below, I hereby promise that I am the legal parent or guardian of the aforementioned "Participant(s)" and I authorize the "Participants" to participate in the East Coast Martial Art's Summer Camp program. Also, I (have attached a check / authorize the processing of my credit card) for payment of the TOTAL TUITION, noted on the right in the PAYMENT CALCULATOR. *Signature required for each form submitted.*

X _____
 PRINTED NAME OF LEGAL PARENT OR GUARDIAN SIGNATURE OF LEGAL PARENT OR GUARDIAN DATE

CHECK WHICH CAMP(S) TO ATTEND

All Camps run 9am to 3pm Monday through Friday for the weeks indicated. Check if interested in

Early Drop Off Late Pick Up

Jun 19	<input type="checkbox"/> Success Camp	Annapolis
	<input type="checkbox"/> Success Camp	Davidsonville
Jun 26	<input type="checkbox"/> Success Camp	Annapolis
	<input type="checkbox"/> AAU Camp*	Annapolis
	<input type="checkbox"/> WarriorSport/Success	Davidsonville
Jul 10	<input type="checkbox"/> Success Camp	Annapolis
Jul 17	<input type="checkbox"/> WarriorSport Camp	Annapolis
Jul 24	<input type="checkbox"/> Success Camp	Annapolis
Jul 31	<input type="checkbox"/> Success Camp	Annapolis
Aug 7	<input type="checkbox"/> Success Camp	Annapolis
Aug 14	<input type="checkbox"/> Success Camp	Annapolis
	<input type="checkbox"/> WarriorSport/Success	Davidsonville
	<input type="checkbox"/> Black Belt Camp**	Annapolis
Aug 21	<input type="checkbox"/> Success Camp	Annapolis
	<input type="checkbox"/> Success Camp	Davidsonville

Please print and complete additional forms for more Participants. If Participant schedules vary, please complete a separate form.

* AAU Team Members Only
 ** ECMA Black Belts and Candidates Only

Registration is Easy as 1-2-3

- 1 Complete and sign this Form.**
- 2 Be sure to sign** the "Assumption of Risk" release (see next page).
- 3 Return the form** along with a check written in the amount of "TOTAL TUITION" noted below, or credit card payment information to:

East Coast Martial Arts
 ATTN: SUMMER CAMP PROGRAM
 PO Box 604
 Edgewater, MD 21037

TUITION CALCULATOR

Enter total number of camps

Multiply by \$249 before May 1, '06

Multiply by \$299 after May 1, '06

TOTAL TUITION-Payment Amount

Call or Email with any inquiries
410-268-1508
info@eastcoastmartialarts.com

East Coast Martial Arts

Assumption of Risk

SPECIAL NOTICE REGARDING FOOD

Due to the concerns dealing with food allergies and individual diet preferences, campers are to bring their own lunch and snack.

Please be sure to pack the appropriate items for your child each day; please avoid any perishable foods.

THANK YOU FOR CHOOSING ECMA

Please complete and submit the two forms (Summer Camp Registration and Assumption of Risk) as soon as possible to reserve your spot in one or more of our summer camps—registration is limited and is ultimately necessary for preparation and planning purposes.

Note: Please double check to be sure correct dates and locations have been selected for your child's camp. Alterations to the schedule may be made based on demand.

After you complete and submit the Registration and Assumption of Risk forms you will receive a call from one of our staff that will give you more details about the programs: locations will be determined as the registration process proceeds.

Please read the following before signing below.

I (parent or legal guardian) _____
hereby give permission for my child(ren)

1st Participant _____

2nd Participant _____

3rd Participant _____

(hereby referred to as "Participants") to attend camp at East Coast Martial Arts. By signing this waiver form, I acknowledge and understand that the Participant will be voluntarily engaging in activities that may involve contact and the risk of serious injury, permanent disability or death, and may cause severe social or economic losses due to not only my own actions, inactions, or negligence, but also to the action, inactions or negligence of
the Participant or other Participants;
or Instructors, Volunteers and other employees of East Coast Martial Arts;
or Others or conditions of the premises or of any equipment used.

Further, I agree that I will not, nor will anyone acting on behalf of the Participant claiming by or through me or the Participant, bring or maintain any suit in Court to assert any claim against East Coast Martial Arts, Inc. and/or any instructors/assistant instructors, volunteers or other East Coast Martial Arts, Inc. Employee for any claim that might arise out of participation in any activities performed by, directed by or endorsed by East Coast Martial Arts, Inc. or the instructors/assistant instructors. Finally, the Participant understands that all physical activities are optional and he or she may refuse participation in the activity at any time.

Parent/Legal Guardian Name (Printed): **X** _____

Parent/Legal Guardian Signature: **X** _____

Date: **X** _____

For Office Use

Notes: