

### G3 AMERICA MARTIAL ARTS - AFTER SCHOOL REGISTRATION FORM

#### STUDENT INFORMATION

<b>STUDENT NAME:</b>	DOB: __/__/____
<b>STUDENT NAME:</b>	DOB: __/__/____
<b>SCHOOL NAME:</b>	GRADE:

#### PARENTS INFORMATION

<b>MOTHER'S NAME:</b>	<b>CELL PHONE:</b>
<b>EMPLOYEER'S NAME:</b>	<b>WORK PH:</b>
<b>FATHER'S NAME:</b>	<b>CELL PHONE:</b>
<b>EMPLOYEER'S NAME:</b>	<b>WORK PH:</b>
<b>EMAIL:</b>	<b>EMAIL:</b>
<b>HOME ADDRESS:</b>	<b>CITY/ZIP:</b>

#### EMERGENCY CONTACT IF PARENT/GUARDIAN IS NOT AVAILABLE

<b>NAME/RELATIONSHIP:</b>	<b>PHONE</b>
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#### MEDICAL INFORMATION

<b>DOCTOR'S NAME:</b>	<b>PHONE:</b>
Please describe any allergies, medical conditions, special instructions or anything in additional we should know or be concerned about:	

#### WAIVER AND RELEASE OF LIABILITY

I hereby agree to indemnify and hold harmless G3 America Martial Arts/G3 America Business Development LLC, it's employees, instructors, volunteers from any and all liabilities caused by any injury which may be suffered by me or my child/children arising out of or connected with participating in the after school program, martial arts program, summer camp, day camp or any other activity performed inside or outside G3 America Martial Arts premisses. In the case of an emergency, I hereby grant permission for my child to be treated by any qualified physician. I give permission for my child's photo and artwork to be used in all forms of G3 America Martial Arts publicity, brochures and web site.

I have agreed, read and understand the above.

<b>Print Name:</b>	<b>Relationship:</b>
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<b>Signature of Parent/Legal Guardian:</b>	<b>Date:</b> __/__/____
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# Spring Break "Wacky Fun" Camp

- ✓ Everyday a different wacky theme and fun wacky games!!!!!!
- ✓ Field Trip to The Wow Factory and Water park!!!!!!



March 23rd to March 27th

**Register Now!!  
Limited Spaces**



For information or to register  
**call (954) 971-5233**

Or go to our website  
[www.g3americamartialarts.com](http://www.g3americamartialarts.com)

**G3 AMERICA MARTIAL ARTS** Registration Form – 2015 Spring Break Wacky Camp at G3 America MA

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

Please choose one of the below options:

- \$ 125.00 - One Student      Paid by: cash \_\_\_ check \_\_\_ CC \_\_\_
- Or**
- \$ 240.00 – Two Students      Paid by: cash \_\_\_ check \_\_\_ CC \_\_\_

**Disclaimer and Waiver:**

In consideration for \_\_\_\_\_'s (student's name) attendance and participation in classes, fun day camps or events provided by G3 America Martial Arts, I \_\_\_\_\_ (parent), acknowledge the existence of certain inherent in this type of training and hereby agree and assume all risks involved. I further relieve the G3 America Martial Arts/G3 America Development Group LLC, its management, assigned staff, and fellow students, from any liability resulting from personal injury. I also hereby state that student named above is physically fit to take the prescribed course of instruction and do so of their own free will.

Print Name (parents): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature (parents): \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



## G3 America Martial Arts Instruction Waiver and Release of Liability

**Please read, sign and date the following waiver.**

Before beginning any type of martial arts training or any kind of exercise program, you should first consult your physician. While training, serious injuries are possible, including sprains, strains, twists, cramps, and other injuries of similar magnitude. Individuals training in the martial arts can expect to encounter these injuries infrequently. The possibility of more serious injury exists, including fractured bones, broken bones, and torn ligaments, though not all martial artists encounter such serious injuries. As with any martial arts training or physical activity, there also exists the remote possibility of crippling or death. During any martial arts training or exercise if you feel dizzy or faint or experience any pain whatsoever, you must stop immediately and without delay seek the advice of a physician or health care professional.

In consideration of being allowed to participate in any way in martial arts instruction or training, and related events and activities, the undersigned:

1. Agrees that prior to participating, they will inspect the facilities used and equipment to be used, and if they believe anything is unsafe, they will immediately advise their instructor, coach or supervisor or facility personnel of such condition(s) and refuse to participate.
2. Acknowledges and fully understand that they will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of training, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to litigate/sue the instructor(s), affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the instruction, all of which are hereinafter referred to as "release's" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release's or otherwise.
5. Agrees that all movements learned will be used for self-defense purposes only, and only as a last resort.

The undersigned has read and fully understands the above waiver and release, and understands that they have given up substantial rights by signing it and signs it voluntarily.

Students' Printed Name: \_\_\_\_\_

Students' Guardian Name: \_\_\_\_\_

Student/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_