

# NEW JERSEY MARTIAL ARTS ACADEMY



## KARATE KAMP REGISTRATION

Get 6 Months of Training in 1 Weekend!

Camper Name: \_\_\_\_\_

Belt Rank: \_\_\_\_\_ Age (at Kamp Weekend): \_\_\_\_\_

Male

Female

Siblings Attending?

YES

NO

I UNDERSTAND KARATE IS A CONTACT SPORT AND I HEREBY ACCEPT ANY AND ALL RESPONSIBILITY FOR ANY INJURIES I MIGHT RECEIVE DURING OR AS A RESULT OF KARATE KAMP. I WILL NOT HOLD THE KAMP, DIRECTORS, SPONSORS, SCHOOL AUTHORITIES, INSTRUCTORS OR ANYONE CONNECTED TO THIS EVENT RESPONSIBLE FOR THE PREVIOUSLY MENTIONED OCCURRENCES. I UNDERSTAND ANY MEDICAL TREATMENT WILL BE OF A FIRST AID NATURE ONLY. I HAVE READ THE ABOVE KARATE KAMP GUIDE AND HAVE REVIEWED IT WITH MY CHILD. MY CHILD AGREES TO ABIDE BY THE ABOVE RULES AND GUIDELINES.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

### PLEASE CIRCLE KAMP T-SHIRT SIZE

(MUST ENROLL AND SUBMIT ALL DOCUMENTS & PAYMENT BY APRIL 30TH TO QUALIFY)

YS YM YL AD SM ADM ADL ADXL ADXXL

### EMERGENCY CONTACT & MEDICAL

CONTACT #1: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT #2: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Physical Limitations (injuries, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INITIAL HERE IF NO MEDICATIONS (INCLUDING OVER THE COUNTER) OR ALLERGIES

# NEW JERSEY MARTIAL ARTS ACADEMY MEDICAL/HEALTH INFORMATION

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

YES	NO	Allergies or Reactions	Explain
		MEDICATION	
		FOOD	
		PLANTS	
		INSECT BITES/STINGS	
		Other	

## DIETARY RESTRICTIONS

PLEASE INDICATE FOOD ALLERGIES OR DIETARY RESTRICTIONS


## MEDICATIONS (PRESCRIPTION OR OVER THE COUNTER)

MEDICATION	DOSE	FREQUENCY	REASON

Administration of the above medication is approved for this student by:

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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# New Jersey Martial Arts Academy

## Annual Karate Kamp & Shiai

(Return BOTH pages of this form AND the NJ Martial Arts Registration)

Participant Name: \_\_\_\_\_

### INDIVIDUAL PARTICIPANT RELEASE FORM

#### APPRECIATION AND ASSUMPTION OF RISK

I fully appreciate and understand that participation in gymnastics activities involves motion, rotation and height in a unique environment and, as such, carries with it a reasonable assumption of risk. In addition, the undersigned further acknowledges that the inherent risks of gymnastics participation are adequately appreciated and that said participation is done on a strictly voluntary basis. By signing this document, I understand that in addition to gymnastics activities, other recreational activities are offered by International Gymnastics School-Camp Inc. / International Gymnastics Camp LLC., a/k/a ("IGC"), and my child may participate in these activities.

**WARNING:** Catastrophic injury, paralysis and even death can result from gymnastics activity. I fully appreciate this WARNING as well as the fact that, even under the best of conditions, participation in gymnastics activities involves inherent risks on the part of the performer. The undersigned certify that the inherent risks of gymnastics participation are adequately appreciated, and that said participation is done on a strictly voluntary basis. I am aware of and appreciate these risks; and I am assuming them on behalf of my child, to the fullest extent permissible under law. I realize that no environment is risk-free; and so I have instructed my child on the importance of abiding by International Gymnastics School-Camp Inc. / International Gymnastics Camp LLC, a/k/a ("IGC") rules, regulations and policies. My child and I both agree that he or she is familiar with these rules, regulations and policies, and will obey them. I understand that participation in gymnastics is physically and mentally demanding. I agree that my child is capable of partaking in gymnastics training and camp activities.

Moreover, I understand that part of the camping experience involves group living arrangements and interactions that may be new to my child. This comes with certain psychological, emotional, mental and other physical risks and uncertainties, beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child to the fullest extent permissible by law. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, regulations and policies, and my child and I both agree that he or she is familiar with these rules and obey them.

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## GENERAL RELEASE AND WAIVER OF LIABILITY

I, as parent/guardian of my child/camper, hereby release International Gymnastics School-Camp Inc./ International Gymnastics Camp LLC, a/k/a ("IGC"), its officers, employees, and agents from any and all liability, claims, demands, controversies, damages, actions and causes of action which may occur by reason of injury, death, loss of services or consortium, property damage and any and all other loss and damages of any kind and nature sustained by my child/camper resulting from participation in camp activities, including but not limited to: use of gymnastics facilities and equipment, medical emergencies for which authorization and consent have been given, and any other camp activities participated in of whatsoever nature. This release shall bind the undersigned, their heirs, administrators and assigns. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of IGC in connection with any of the matters covered by the foregoing release. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in the Pennsylvania Court of Common Pleas located in Monroe County, Pennsylvania, and shall be construed in accordance with the laws of Pennsylvania. I further agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Monroe County, Pennsylvania, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

## MEDICAL EMERGENCIES

I authorize the necessary steps regarding medical attention (i.e. first aid, calling ambulance service or transportation to be admitted to the hospital) and will allow authorized hospital faculty and staff to treat me.

## MEDIA RELEASE

International Gymnastics School-Camp Inc. / International Gymnastics camp LLC, a/k/a, "IGC", retains the right to use any photographs, videotapes, motion picture recordings, or any other record of this event for the IGC website, publicity, promotion, advertising, or any legitimate commercial purpose associated with IGC and its businesses.

In compliance with COPPA (Child Online Privacy Protection Act) my signature confirms that I understand and agree that my child's picture (without name) may be used on publicly accessible areas of the IGC website, pamphlets, and other promotional materials, in the sole discretion of IGC.

If the undersigned is under eighteen (18) years of age, this release must be signed by a legal parent/guardian or accompanying adult.

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_