



# MARTIAL ARTS KARATE DAY CAMP REGISTRATION

850 Taraval S.F. CA 94116 Tel (415)731-9988 Fax (415)707-6688 www.onemartialarts.com

name \_\_\_\_\_ age \_\_\_\_\_ dob \_\_\_\_\_ male \_\_\_ female \_\_\_  
address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_  
zip \_\_\_\_\_ home phone \_\_\_\_\_ phone \_\_\_\_\_ cell \_\_\_\_\_  
e-mail \_\_\_\_\_

karate class enrolled in (time & date if applicable) \_\_\_\_\_

Is watching Prescreened DVD's okay in aftercare? Yes \_\_\_ No \_\_\_ How did you hear about us? \_\_\_\_\_

## RELEASE of LIABILITY

I understand that ONE MARTIAL ARTS, their instructors, staff and other session participants are not responsible or liable for accidents and/or injuries to said mentioned child, nor loss of any personal property during a session(s) and while under their instruction/supervision on the premises at 850 Taraval, San Francisco, CA. 94116 and off-site locations. I will not hold ONE MARTIAL ARTS, its KARATE DAY CAMP program or any of their instructors/staff liable for any accidents, injuries or loss of personal property that may occur to said mentioned child.

I have read, understand and accept all conditions written under said release of liability.

parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

name (please print) \_\_\_\_\_

## EMERGENCY CONTACT

name \_\_\_\_\_ tel. \_\_\_\_\_  
alt. tel. no. \_\_\_\_\_ cell \_\_\_\_\_

2nd contact \_\_\_\_\_ tel. \_\_\_\_\_  
alt. tel. no. \_\_\_\_\_ cell \_\_\_\_\_

## MEDICAL INFORMATION

Type of Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ tel. \_\_\_\_\_

\*Closest Preferred Hospital \_\_\_\_\_

Any special needs? (Medications, allergies, behavioral issues, etc.) \_\_\_\_\_

(\*In the event of an emergency, our staff will either call 911 and/or take your child to the nearest emergency center.)

**Fee**  
**\$70 Per Day**  
Camp Hours 9am - 3pm  
Early Drop Off 7:30am - 9am (No charge)  
Late Pick Up 3pm - 6pm (No charge)

For Office Use Only

**Date of Camp:** \_\_\_\_\_

Camp fee \$70  
Uniform fee (if applicable) \$55 plus tax  
T-shirt (optional) \$15

Amount due \_\_\_\_\_

Total Amount \_\_\_\_\_  
Date Paid \_\_\_\_\_

CASH     CHECK (Payable to One Martial Arts)  
 VISA     MASTERCARD     AMERICAN EXPRESS

CARD NO \_\_\_\_\_ EXP \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

**Your Space is Valuable. Absolutely NO REFUNDS. No Exceptions.**