Proletics Martial Arts & Fitness

Summer Camp Program

 2021

**REGISTRATION FORM**

**PARTICIPANT INFORMATION Please type or print legibly.**

**Last Name: First Name: \_\_\_\_\_\_\_\_\_\_\_**

**Gender: 🞎 Female 🞎 Male Age: \_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**T-Shirt Size** \_\_\_\_\_\_\_\_\_\_\_\_ **Purchase extra t-shirts @ $17.0 Quantity/size \_\_\_\_\_\_\_\_\_**

**Home address:**

**City: State/Province: Postal/Zip Code:**

**Country: Telephone: cell:**

**(Include area code with telephone)**

**Parent email:**

# Mother’s name: Father’s name:

# Mother’s day phone: Father’s day phone:

# Mother’s cell: Father’s cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Person/s Authorized to pick up child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please provide a copy of their ID)

# Other Dismissal Arrangements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Emergency contact\*: Relationship: Phone:

#

**Specify any of your child’s health problems:**

**Is your child on any medication? No Yes If so, please specify:**

#

**Payments:** Tuition may be paid by debit or credit card

Make the check payable to: **Proletics**

**Weekly Fees:** $145/weekly includes field trips and activities (must sign up for auto debit)

 $40 daily rate plus field trips, 3 days or more will be charged at the weekly rate.

 2nd family member - $5.00 discount on weekly rate only

**Registration fee**:

**Sign up by Apr 15th -** $75 includes camp t shirt Current Afterschool Students $40

**Sign up by May 15th -** $85 includes camp t shirt Current Afterschool Students $50

**Sign up after May 16th -** $95 includes camp t shirt Current Afterschool Students $60

## **Contact Information**

For more information, Proletics at

813-563-9348

Emails: proletics@gmail.com

**Circle the weeks your child/children will attend Summer Camp.**

**06/01 06/07 06/14 06/21 06/28 07/05 07/12 07/19**

**07/26 08/02 (last day of Summer Camp will be Wednesday 08/04)**

I understand that registration and the first weeks tuition is due when signing up. We do not provide make-ups or refunds for any days missed for any reason. Please do your best to come to Proletics summer camp every day. The weeks you sign up for will be the weeks you are charged.

**SIGNATURE OF PARENT OR GUARDIAN**  **DATE**

**DROP OFF AND PICK UP TIMES**

Drop off:

* Proletics Summer Camp will open Monday – Friday 7:00am-6:00pm
* ***Friday July 2nd*  Proletics will be closed in observance of Independence Day**

Pick up:

* Your child must be picked up each day by 6:00 pm
* If no arrangements are made A $1 fee will be charged for every minute late after a 10 minute courtesy wait.
* When picking up your child you must come inside and walk your child out. Students will not be able to walk outside without a parent or guardian.

**REQUIRES PARENT’S SIGNATURE:**

You have my permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as they may deem advisable.

Parent/Legal guardian name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Medical Problems\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give permission to **Proletics Martial Arts & Fitness Center,** to photograph and/or videotape the student for educational or promotional purposes. \_\_\_\_\_\_\_\_ (Initial)

**PARENT STATEMENT**

I hereby state that (student’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is in good mental and physical health condition to participate in the activities provided by **Proletics Martial Arts and Fitness.,** including but not limited to all aspects of martial arts, fitness both indoor and outdoor. I am fully aware that any activity involving motion, height or athletic activity creates the possibility of serious injury. I hereby release **Proletics Martial Arts and Fitness., its employee and its staff** from liability to the above named athlete, of the person claiming through him/her, arising from injury to the person or property of the above named athlete occurring in the premises of **Proletics Martial Arts and Fitness,** including any event sponsored or sanctioned by **Proletics.,** and or travel to and from such activities.

I understand that **Proletics Martial Arts and Fitness.,** has the right to deny admittance to any student not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Proletics Martial Arts and Fitness.,** or its scheduled program and that **Proletics Martial Arts and Fitness.,** has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge. In addition, I have agreed to the policy and fee statement and agree to comply.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_