



SUMMER CAMP

Enrollment Date: _____ Start Date: _____

Referred by: _____ Shirt Size: _____

Students for Enrollment: (Must list the school they attend, for shot record purposes)

Student #1 Name: _____ D.O.B: _____

School: _____ ISD: _____

Student #2 Name: _____ D.O.B: _____

School: _____ ISD: _____

Student #3 Name: _____ D.O.B: _____

School: _____ ISD: _____

Student #4 Name: _____ D.O.B: _____

School: _____ ISD: _____

Special Transportation: (Please initial each blank)

_____ Activities (Field Trips & Outside Training) _____ Emergency/Injury (if we cannot contact you)

Authorized Alternate Transporters: (Anyone allowed to pickup your child from our facility, besides yourself)

Transportation #1: _____ Phone #: _____

Transportation #2: _____ Phone #: _____

Transportation #3: _____ Phone #: _____

Transportation #4: _____ Phone #: _____

Student's Parents & Emergency Contacts: (Please use cell phone #'s if possible)

Email: _____ Home Address: _____

Parent #1 Name: _____ Primary Contact #: _____

Parent #2 Name: _____ Primary Contact #: _____

Emergency Contact #1: _____ Contact #: _____

Emergency Contact #2: _____ Contact #: _____

Authorization Signature: _____ **Date:** _____



SUMMER CAMP

Medications & Allergies: (List any Allergies or Special Medical Issues that each student may have)

Student #1 _____

Medication: _____ Time Given: _____ Dosage Given: _____

Student #2 _____

Medication: _____ Time Given: _____ Dosage Given: _____

Student #3 _____

Medication: _____ Time Given: _____ Dosage Given: _____

Student #4 _____

Medication: _____ Time Given: _____ Dosage Given: _____

In the event that I cannot be reached, I authorize the Management, Coaches or Instructors of ICONMAA, to seek medical Attention for my child/children, in the event of an emergency.

Physician: _____ Phone#: _____

Name of Hospital or Clinic: _____

Phone # _____ Parent/Guardian Signature: _____

Picture Release:

ICONMAA takes a LOT of pictures during Classes, Training, Outside Activities & Special Events. We use these pictures for our Facebook Page, Our Website and sometimes in Advertising the After-School Martial-Arts Program.

_____ I Agree _____ I Disagree

Movie & Training Videos Release:

ICONMAA on Fridays and during Summer Training Camps, sometimes shows videos/movies For relaxation purposes as well as during break times like Lunch. All movies are PG or lower.

_____ I Agree _____ I Disagree

Authorization Signature: _____ **Date:** _____



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SERVICES: I Understand that ICONMAA is a Martial Arts School and not a Daycare in as such; ICONMAA's stock-in-trade is not supervision and Child-Care. The intent of ICONMAA is to teach Martial Arts Physical and Philosophical Character Building Skills. I understand that ICONMAA is a Martial Arts School and is a Drop-In Facility in as such; My Child/Children are free to come and go. Additionally, *if my Child/Children stays at ICONMAA's facility, it is because of my direction and not Icon Martial Arts inherent authority.*

_____ I Agree _____ I Disagree

LOSS/DAMAGE/THEFT OF STUDENT'S PROPERTY: ICONMAA does not assume any responsibility for the loss, damage or theft of any property belonging to the Student and that the Student and their Parents agree that ICONMAA and its personnel are not responsible for, or liable for any such property even if its, loss, damage, or theft occurs on or about ICONMAA's Facility.

_____ I Agree _____ I Disagree

WAIVER & RELEASE: Parents and Student (s), agree that Students engaging in physical exercise, and the use of equipment, use of ICONMAA's Facilities, training and instruction, which can potentially be dangerous and could cause injury to the Student (s). Student (s) are voluntarily participating in these activities and the Parents and Student (s) assume all risks of injury. Parents and Student (s) hereby waive and release any claim or right to sue ICONMAA, its employees and agents for injury to Student. Parents and/or Student (s) have carefully read this waiver and release and fully understand, it is a release of all liability and damage to ICONMAA for any injury. ICONMAA will make no evaluation or recommendation whether Student or Guests are physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, particularly Martial Arts based activities.

_____ I Agree _____ I Disagree

PAYMENTS: I understand payments will be Due/Charged the **Friday** prior to the week of attendance, if payment is not received there will be a late fee of \$10 per day applied to the amount due. If Credit Card on file is declined upon being charged, service for the following week will be cancelled. A re-instatement fee of \$10 will be applied each time payment is declined. Additionally, any outstanding balance will also be charged to card on file. I also understand that a 3 week notice must be given for any and all termination of service with ICON's After School Program, with the exception being: moving out of servicing area, medically unable to participate in classes & loss of a job/Income.

_____ I Agree _____ I Disagree



SUMMER CAMP

To Reserve your spot in Summer Camp, please read through each week and Initial each and every week that your child will be attending the Summer Camp. Each Week will have the theme of the Martial Arts Sports Camp classes that they will participate in. It will also include all Field Trips as well.

Week 1 (June 5th)

MON: Water Gun Fight!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 2 (June 12th)

MON: Water Balloons!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 3 (June 19th)

MON: Jello Fight!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 4 (June 26th)

MON: Pizza Party!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 5 (July 3th)*

MON: Water Gun Fight!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 6 (July 10th)

MON: Water Balloons!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 7 (July 17th)

MON: Whipped Cream Battle!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 8 (July 24th)

MON: Movie & Popsicles
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 9 (July 31st)

MON: Water Gun Fight!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 10 (Aug 7th)

MON: Water Balloons!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

Week 11 (Aug 14th)

MON: Jello Fight!
TUE & THRS: Outdoor Activity
WED & FRI: Park / Swimming

INITIAL TO RSVP: _____

*We will be closed on the 4th of July in recognition of Independence Day.

Please note, we base our employee count and activities based on how many children RSVP each week. If you initial for a week and have to change it for any reason, we will need AT LEAST a week's notice to adjust our numbers & planning. If we do not receive advanced notice of any change to your schedule, you will be billed as if your student is in attendance.