

Villari's Summer Camp Registration

Date _____

Camper Name _____ DoB _____

Parents/pick up Name _____

E-mail _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Medical/Allergy Concerns _____

Shirt Size - (Circle one)

Youth Large Youth Medium Youth Small

Adult Large Adult Medium Adult Small

Payment— \$275 for one week, \$500 for two weeks \$50 Deposit to hold spot			
June/July Camp \$ 275	Deposit \$ _____ Date _____	Paid in full by June 1st _____	
August Camp \$ 275	Deposit \$ _____ Date _____	Paid in full by August 1st _____	
Both Camps \$ 500	Deposit \$ _____ Date _____	Paid in full June 1st Date _____	

Villari's Martial Arts Centers reserves the right to dismiss any student at any time for misconduct or any actions which may convey a bad image at Villari's Martial Arts Centers. I hereby acknowledge that Villari's Martial Arts Centers is not responsible for any injury suffered on the premises and assume all the risks inherent and incidental to this type of sport activity as a condition for my attendance and participation in Villari's martial arts training. I further relieve Villari's Martial Arts Centers, its management, assigned staff and fellow students from any liability resulting from personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. I understand there is a no refund policy on any amount of money I will pay to this martial arts center.

Signature: _____ Date _____

For office use only:

Enter: QB _____ DB _____