



2010 Action Summer Camp

Action Martial Arts
 21690 Red Rum Dr
 Suite 187
 Ashburn, VA 20147
 Phone: 703-723-1850
 Fax: 703-723-7322
 Email: dross@amakick.com
 Web: www.amakick.com

Student's name		Age:		Date of Birth:	
Parent (Mom)		Parent (Dad)			
Address:					
City:		State:		Zip:	
Email		Home Phone			
Mom Cell		Dad Cell			
Mom Work		Dad Work			
Allergies/Special needs					
If you are a new student who were you referred by?					

Please check the camps and days that you would like to register for.

Dates	½ Day Morning	½ Day Afternoon	Full Day	M T W T F	NOTE
<input type="checkbox"/> June 21 – 25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Jun 28 – July 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
July 5 – 9	CLOSED for Independence Day Holiday				
<input type="checkbox"/> July 12 – 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> July 19 – 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> July 26 – 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> August 2 – 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> August 9 – 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> August 16 – 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> August 23 – 27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Aug 30 – Sept 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Cost: \$19.95 Registration Fee for new students. (Includes Free Uniform)
 \$50 Deposit due at registration. Deposit applied to last week of camp tuition.

(Full Day Camp)
 \$150 per week

\$120 per week if student is registered for fall after-school program.

\$35 per day – 3 or 4 days per week
 \$40 per day – 2 days per week
 \$50 per day – 1 day per week

(1/2 Day Camp)
 \$100 per week
 Morning Session – 9am to 1pm
 Afternoon Session – 1pm to 4pm

Partial week not available for ½ day camp.

Visa or MasterCard (Deposit charged upon receipt of form.
 Balance Charged first day of camp.)

Name on Card: _____
 Card Number: _____
 Expiration Date: ____/____

Waiver. [Parent] Student acknowledges that martial arts involves physical contact and other activity which may cause injury to [his/her child] Student while participating in martial arts, whether [the child] Student is participating in AMA's studio or elsewhere (including other locations operating under the trade name Action Martial Arts), including tournaments. [Parent] Student hereby assumes all risks of physical and mental injury [to his/her child] and waives any and all claims and/or causes of action against Action Martial Arts, Inc., its officers, agents, employees and/or insurance carriers for any physical or mental injury of whatever nature. However, should any liability be imposed upon the aforementioned entities of persons, notwithstanding such waiver and release, it is expressly agreed that the amount of liability shall be limited to the monetary value of the Program purchased or \$2,000, whichever is greater. Furthermore, [Parent] Student waives any and all claims, whether in tort, contract or otherwise, against David Moss, Suet Chong or any employee of AMA in their individual capacity. Parent/Student hereby represents that [his/her Child] Student is physically and mentally fit to participate in martial arts and represents that [the child] Student has had and passed a complete physical examination by a licensed physician within the past twelve (12) months from the date of Agreement. FURTHERMORE, ALL MARTIAL ARTS TRAINING EQUIPMENT USED AT THE STUDIO MUST BE PURCHASED THROUGH AMA. However, AMA does not warranty the safety or adequacy of the protective equipment sold or used at AMA's Studio. [Parent] Student also represents that he/she will maintain health insurance coverage throughout the term of the program [for his/her child].

I have read and understand all of the above.

 Signature (Parent or Student)