



2009 Martial Arts Summer Program
Registration Form

Child's Name _____

Name Used for Payment _____

Street Address _____

Town _____ State _____ Zip _____

Birthday ___/___/___ M ___ F ___ E-Mail _____

Parent/Guardian Name _____

Home Phone # (____) _____ Emergency # (____) _____

Previous Experience at _____ Insurance Co. Name _____

Medical Limitations _____

Please indicate weeks attending and check FULL DAY (FD), HALF DAY (HD), and AFTER CARE (AC).

Week 1: July 6-10 FD ___ HD ___

Week 2: July 20- 24 FD ___ HD ___

Week 3: August 3-7 FD ___ HD ___

Please enclose a \$50 deposit **per week** (nonrefundable and nontransferable).

RELEASE FORM

I certify that the participant(s) is free of any mental or physical disabilities and is able to participate in the program without any restrictions. It is policy of T.D.G.M.G., Inc. that the applicant provide and use his/her own medical insurance for the benefit of the participant. Gymnastics, self-defense/Martial Arts and physical activity involve flight, motion and rotation and, as such, carry with it a reasonable assumption of risk. It is understood that T.D.G.M.G., Inc. is neither responsible nor liable for injuries, loss of personal property or damaged property that may occur as a result of participation in the program. The applicant agrees to indemnify and hold T.D.G.M.G. Inc., harmless from and against any claims, losses, liabilities and damages (including attorney's fees and costs) arising out of or resulting from the participants participation in the program, except to the extent caused by the sole negligence of T.D.G.M.G., Inc. I have read the application and brochure and understand all the policies set forth therein.

MAKE CHECKS PAYABLE TO T.D.G.M.G., INC.

SIGNATURE _____ DATE _____

OFFICE USE ONLY: PYMT REC'D _____ DATE _____