

# Mu Sool Won of South Austin

## Summer Camp 2017 Registration Form



### Student Information

Student Name: \_\_\_\_\_  
Today's Date: \_\_\_\_\_  
Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Student DOB: \_\_\_\_\_  
Current School: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
T-Shirt Size: YS YM YL AS

### CAMP INFORMATION

#### All Day Camps (8 am until 5:15 pm):

\_\_\_ June 12 – June 16                      \_\_\_ July 10 – July 14  
\_\_\_ July 24 – July 28                      \_\_\_ August 14 – August 18

Cost per Child per Camp	First Child	Each Additional Child
First Camp	\$235.00	\$225.00
Each Additional Camp	\$185.00	\$175.00

#### Half Day Camps (8 am until 1 pm):

\_\_\_ June 5 – June 9                      \_\_\_ July 17 – July 21                      \_\_\_ August 7 – August 11  
\_\_\_ June 26 – June 30                      \_\_\_ July 31 – August 4

Cost per Child per Camp	First Child	Each Additional Child
First Camp	\$185.00	\$170.00
Each Additional Camp	\$125.00	\$115.00

A 50% deposit is required to reserve your child's spot in the camp, with the balance due before the first day of the camp they'll be attending. This deposit is refundable upon notice given to Mu Sool Won of South Austin at least one week prior to the first day of the camp, or upon the judgment of the school owners on a case-by-case basis. Please see the attached credit card and bank account authorization for your payment. We also accept cash in payment.

YOUR SUMMER CAMP 2017 TUITION FOR YOUR CHILD'S **FIRST** CAMP INCLUDES: one week of Summer Camp training, one Mu Sool Won T-Shirt, one full martial arts uniform, and our Introductory Month Special (one month of unlimited training at our school, to be used beginning no later than September 1, 2017). All additional camps will include only the Summer Camp training, and are billed at a discounted rate (see above chart).

Camps are open to all children ages 5 to 15, with 4-year-olds considered upon evaluation by the instructor (please schedule this evaluation ahead of time). Each student will need to bring his or her own sack lunch to be eaten during a one-hour lunch break.

Each camp will run Monday through Friday, from 8 am to 1 pm, or 5:15 pm for All Day Camps. Parents may drop off their children as early as 7:45 am, but must pick them up no later than 1 pm, or 6 pm for All Day Camps. A \$10 charge will be assessed for every 10 minutes a child remains after pickup time.

### **Emergency Contact**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **AUTHORITY TO TREAT**

I, the undersigned, give the instructors, staff and responsible adults the power to authorize medical or other treatment of the person named above under "Student Name," subject to the limitations listed below, if any. If I am not the person so named, I am the parent, guardian or adult responsible for the person named, and I have the legal right to grant this power. Treatment may be made without regard to whether I or any other parent, guardian or adult responsible has been contacted or has consented to the specific treatment, provided it does not conflict with the limitations outlined below. This authority begins on the date signed and continues indefinitely.

Limitations to Treatment: \_\_\_\_\_

Information of Medical Significance (illnesses, injuries, allergies, etc.): \_\_\_\_\_

By giving my authorization, I assume responsibilities for all decisions made, provided they are reasonable decisions under the circumstances based upon the knowledge and understanding of the person making the decisions, and I trust their judgment and offer the benefit of the doubt to them in any claim or legal proceeding. This presumption may only be overcome by clear and convincing evidence that they acted with malice or willful gross negligence, and, if so, they may still be liable.

I understand that the instructors, senior students, or others may have some skills in first aid, and, at their discretion, I authorize them to use those skills and techniques to assist in any circumstance in which they judge their skills would be necessary or helpful.

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

\_\_\_\_\_  
Date

**Summer Camp 2017**  
**Electronic Payment Authorization**

Name of child: \_\_\_\_\_

- Visa
- MasterCard
- American Express
- Discover Card

Name on Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ CVV #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I authorize South Austin Martial Arts, LLC to make a one-time charge to the credit card account noted, in payment of services received.

\_\_\_\_\_  
Signature Date



# Mu Sool Won of South Austin

1901 William Cannon Dr Ste 121 Austin, Texas 78745 TEL: (512) 299-1873

## PARTICIPANT WAIVER/RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of being allowed to participate in any way of the Mu Sool Won of South Austin program, I, \_\_\_\_\_, the undersigned acknowledge, obligate myself, and agree that the risk of injury from the activities involved in this program is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, including, but not limited to the potential for permanent paralysis, death, broken bones, dental injuries, etc., and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF Mu Sool Won of South Austin, World Mu Sool Won Association, or others and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official or employee immediately, and, I, for myself and on behalf of my heirs, assigns, personal representatives and next kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Mu Sool Won of South Austin, World Mu Sool Won and if applicable, owners and lessors of premises used to conduct the program WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property WHETHER ARISING FROM THE NEGLIGENCE OF MU SOOL WON OF SOUTH AUSTIN, WORLD MU SOOL WON ASSOCIATION, OR OTHERWISE to the fullest extent permitted by law. Student agrees that the civil code regarding general release in the state of domiciliary shall have no effect. Student furthermore agrees that the civil code regarding general release shall extend to claims which the creditor/student does not know or suspect to exist in his/her favor at the time of executing the release, which if known by student must have materially affected any settlement with Mu Sool Won of South Austin, World Mu Sool Won. Student hereby waives all rights under the civil code section. I consent that any pictures furnished by me or taken of me connected with the Austin Mu Sool Won, World Mu Sool Won may be used for publicity or promotion, and I hereby waive all compensation in regards thereto. I understand and agree that **ALL TUITION FEES AND ALL TESTING FEES ARE NOT REFUNDABLE UNDER ANY CIRCUMSTANCES.**

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

\_\_\_\_\_  
 Age: \_\_\_\_\_ Date: \_\_\_\_\_  
 Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
 (UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that we, as parents/guardians with legal responsibility for this participant, do consent and agree to his/her waiver/release as provided above for all the releases, and for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold harmless the release from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above. Even IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_  
 PARENT OR GUARDIAN'S SIGNATURES

\_\_\_\_\_  
 EMERGENCY PHONE NUMBER