

Mu Sool Won of South Austin

Winter Camp 2017 Registration Form - Members



Student Information

Student Name: _____

CAMP INFORMATION

◆ December 20-22, 2017 ◆

Please choose one of the following options:

All Day Camp 8 am – 6 pm • Half Day: 8 am – 1 pm • Half Day: 1 pm – 6 pm

Cost per Child	First Child	Each Additional Child
All Day Camp	\$125.00	\$115.00
Half Day Camp	\$85.00	\$75.00

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 WINTER CAMP 2017 TUITION FOR YOUR CHILD'S CAMP INCLUDES: martial arts training, team-building games, excursions to Mary Moore Searight Park on Slaughter Lane on good weather days, and movies and games during lunch breaks. New students will receive a uniform at a discounted rate of \$35 per uniform. All students will need to bring a lunch and two snacks (or one snack for Half Day Camps).

Camp will run Monday through Friday, from 8 am to 6 pm. Parents may drop off their children as early as 7:45 am, and must pick them up no later than 6 pm. Advanced students may stay for additional classes after 6 pm if they are qualified by age and rank for that class. Beginners will be allowed into all classes through 6 pm regardless of rank during the week of camp.

Emergency Contact

Name: _____

Relationship to student: _____

Home Phone: _____

Cell or Work Phone: _____

Email Address: _____

Mu Sool Won of South Austin Martial Arts Van Transportation Release Form

This form acknowledges that my child(ren) may ride the Mu Sool Won of South Austin Martial Arts Van. Travel will be from the Martial Arts School to Mary Moore Searight Park on Slaughter Lane, and back to the School. Transportation will occur daily from December 20-22, 2017.

In consideration of the opportunity for my child(ren) to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release and agree to hold harmless Mu Sool Won of South Austin, nor shall any of said persons be held financially responsible for any injury, illness or death as a direct or indirect result of this activity.

WE, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS AND EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. WE HEREBY RELEASE MU SOOL WON OF SOUTH AUSTIN AND DRIVERS FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD(REN) MAY SUSTAIN. I HAVE READ THE ABOVE STATEMENT AND AGREE.

Parent's Signature: _____

Date: _____

**Winter 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