

SUMMER CAMPS 2018



DATES:

- JUNE 18 - 22 | TRADITIONAL/CREATIVE FORMS
- JULY 9 - 13* | TRADITIONAL/CREATIVE WEAPONS
- JULY 23 - 27 | TOURNAMENT PREPERATION
- AUGUST 6 - 10* | TEAM FORMS/WEAPONS CAMP
- AUGUST 13 - 17 | KICK & TRICK CAMP

44200 Waxpool Road, Suite #132
Ashburn, VA 20147
Phone: 703-723-2525
Email: mrchris@cjrmartialarts.com

of Camps Selected: _____

Cost:

\$49/Day or \$219/Week (FULL DAY CAMPS ONLY)

SIBLINGS 10% OFF

Weapons:

*All weapons must be purchased through CJR Martial Arts. Please see Mr. Chris regarding the cost of the weapons

Apparel:

Gi Pants, CJR T-Shirts, and Belt

(Parent) Name: _____ (Student) Name: _____

Age: _____ Belt Level: _____ Allergies*: _____

P#W: _____ P#H: _____

Email: _____

*Please give all EPI Pens to Mr. Chris in a labeled container

Emergency Contacts + Phone #:

Waiver. [Parent] Student acknowledges that martial arts involves physical contact and other activities which may cause injury to [his/her child] Student while participating in martial arts, whether [the child] Student is participating in CJR or elsewhere (including other locations operating under the trade name CJR Martial Arts) including tournaments. [Parents] Students 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 CJR Martial Arts, LLC., its officers, agents, employees, volunteers, 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 waivers and releases, 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 Christopher Redford or any employees of CJR 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] Students 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 EQUIPMENT USED AT THE STUDIO MUST BE PURCHASED THROUGH CJR. However, CJR does not warranty the safety or adequacy of the protective equipment sold or used at CJR. [Parent] Student also represents that he/she will maintain health insurance coverage throughout the term of the program [for his/her child].

 Signature (Parent or Student) Date:

Credit Card Info:

Name on Card: _____

Card #: _____

Exp: _____ CVV: _____ Zip: _____

Amount: \$ _____

REGISTRATION