

# SPRING BREAK 2018



## March 26th - March 30th

MONDAY		TRADITIONAL/CREATIVE FORMS
TUESDAY		TRADITIONAL/CREATIVE WEAPONS
WEDNESDAY		TOURNAMENT PREPERATION
THURSDAY		TEAM FORMS/WEAPONS CAMP
FRIDAY		KICK & TRICK CAMP

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

# of Days 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