

SPRING BREAK CAMP 2019



DATES:

APRIL 15th: Morning Combinations Training / Afternoon Movies

APRIL 16th: Morning Forms Training / Afternoon Hiking @ Great Falls National Park

APRIL 17th: Morning Weapons Training / Afternoon Rock Climbing @ SportRock

APRIL 18th: Morning Sparring Drills / Afternoon Leesburg Animal Park

APRIL 19th: (Fun Friday) Morning Martial Arts Games / Afternoon Chuck E. Cheese's

44200 Waxpool Road, Suite #132

Ashburn, VA 20147

Phone: 703-723-2525

Email: mrchris@cjrmartialarts.com

of Days Selected: _____

Cost: 1 Day \$50 / 2 Days \$95 / 3 Days \$140 / 4 Days \$185 / 5 Days \$230

SIBLINGS 10% OFF

Schedule: Drop Off 7:30am-9:00am / Pick Up 4:00pm-6:00pm (Students may stay for classes)

Field Trips: Students pay all admission fees

Apparel: Gi Pants, CJR T-Shirts, & Belt

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

(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