

EARL HARRIS KARATE ACADEMY SUMMER KAMP ENROLLMENT FORM
3220 LITHIA PINECREST RD, VALRICO, FL 33596
813-657-8800

Name _____ DOB _____, Age _____,
Address _____
City/State/Zip _____ Home Phone# _____
T-Shirt Size _____ Email Address _____
Please circle the weeks your child will attend kamp:

06/13, 06/20, 06/27, 07/04, 07/11, 07/18, 07/25, 08/01, 08/08 & 08/15

Parent/Guardian Information

Mother's Name _____, Home # _____
Work # _____ Cell # _____
Address _____ City/State/Zip _____
Father's Name _____ Home # _____
Address _____ City/State/zip _____
Work # _____ Cell # _____

Emergency Contact If Parents or Guardians Unavailable

Name _____ Home Phone # _____
Address _____ Work Phone # _____
City/State/Zip _____ Mobile Phone # _____

Please list any Medical Conditions the staff needs to be aware of. (Information Kept Confidential) _____

I give permission for my child to be picked up by the following people.

Name _____
Name _____
Name _____

In case of an Emergency, if I cannot be reached, I hereby authorize Earl Harris Karate Academy, Inc.. and its agents to have my child or children listed above treated by the physician listed below or a physician of their choice.

Physician's Name _____ Phone # _____
Hospital Preference _____ Phone # _____

I UNDERSTAND THAT REGISTRATION FEE PAID TO EARL HARRIS KARATE ACADEMY, IINC. IS NON-REFUNDABLE.

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Earl Harris Karate Academy, representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Martial Art Classes, Self Defense Seminars and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of Earl Harris Karate Academy, representatives or agents. Please note: Participants must supply their own protective equipment.

The undersigned acknowledges that:

1. He/She is desirous of using, as a member on a membership basis, the Martial Arts School herein referred to as "Earl Harris Karate Academy".
2. He/She confirms that there were no verbal presentations other than those specified in this agreement.
3. He/She may be photographed or filmed while attending at the premises of Earl Harris Karate Academy and he/she gives permission to Earl Harris Karate Academy, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet.
4. The waiver was read and he/she agrees to abide by it.

Student/Parent/Guardians

Signature _____ Date _____

SUMMER KAMP ENROLLMENT FEES

Weekly fee is \$120.00 this includes all activities, except Busch Gardens and Adventure Island.

REGISTRATION FEES:	EHKA Students	Deadline to register
	\$35.00	04/30
	\$40.00	05/15
	\$45.00	05/30
	\$50.00	after 05/30

REGISTRATION FEES:	NON EHKA Students	Deadline to register
	\$65.00	04/30
	\$70.00	05/15
	\$75.00	05/30
	\$80.00	06/10
	\$85.00	after 06/10