



CAISSIE KARATE

The Spirit of Black Belt Excellence

485 Silvercreek Pkwy. N.
Guelph, Ontario
(519) 763-4401
www.caissiekarate.com

Summer Camps 2017

Weeks available: July 10 - 14, July 24 - 28, August 7 - 11, August 14 - 18

Child Name: _____

Address: _____ City _____ Postal Code _____

Days Attending (Circle): **M T W T F**

Amount Paid: \$ _____ Paid in Full: Y / N Cheque / Cash / Debit / Credit Card

Parent Name: _____ Emergency Contact #: _____

Alternate Contact: _____ Phone Number #: _____

Allergies : _____ Medication: _____

Any other important information about the child: _____

The undersigned allows the child indicated to attend the Caissie Karate Summer Camp for the dates above.

The undersigned hereby represents that the student is physically fit to take the prescribed course of instruction and that the student has had an opportunity to observe and participate in the above described art of self defense prior to the signing of this agreement.

The undersigned agrees that any pictures, videos or written documentation of the undersigned and or student may be used by Caissie Karate and or it's agents for promotional purposes.

The undersigned understands that during the course of instruction, employees of Caissie Karate and/or other students or authorized persons will be engaged in a course of conduct requiring physical contact; and they give full consent to such contact as is required by the training.

The undersigned understands and agrees that Caissie Karate will not be held liable for any injuries, damages, etc. not caused by or resulting from the negligence of the owner, operators, or persons in charge of such establishment, or their agents, servants, volunteers or employees.

The undersigned understands that any cheques not cleared by their financial institution will result in subsequent N.S.F. fees.

Parent Signature
(Office Use Only)

Accepted by