



"All American" Winter Camp 2019

G3 America Martial Arts

Parents and students,

G3 America Martial Arts will be hosting its "All American" Winter Camp 2019, from Dec 23rd to Jan 6th! Our time together will include awesome fun field trips, Indoor Soccer tournament, Ninja warrior games, Slack Wire Challenges and more!

Below you will find a list of activities of what we will be doing and where we will be going:

Activities and Field Trips:

- Fun Field Trips: Intensity, Panthers Ice Skating, Off The Wall, AMF Bowling and Chuck/n Cheese
- Jr Ninja Warrior Games and Acrobatic Air Track
- Fun Martial Arts Self Defense Classes
- Indoor Soccer 3x3 Team Challenge Tournaments
- AirTrack Basketball Tournament
- Obstacle Courses / Strength and Conditioning
- Take the time to draw closer to God and pray for our friends and family
- Leadership daily talk and more!!!

We are looking forward to a "ALL AMERICAN" Winter Break time full of fun and memories!!

Registrations are NOW OPEN!! Spaces are limited.

Reserve yours today!



Additional Regulations and Rules:

- 1-Camp Hours: 9:00am to 6:00pm
- 2-Early Drop Off: 7:30am to 9:00am (no extra charge and extended courtesy to all parents)
- 3- Late pick up: if past 6pm, parents need to communicate the school to avoid extra charge, otherwise there will be a \$5 late fee charge.
- 4- Change of schedules, during spring camp, is subjected to space availability and need to be done within 1 week in advance, before camp starts. Other than that, weekly fees will be non-refundable due to limited spaces.
- 5- Campers are required to have the highest level of respect towards counselors and other campers. Anything different will be communicate directly to the parents
- 6- Camp Mandatory Dress Code : campers are required to wear one of our G3 T-shirt or camp t-shirt
- 7- Payments have to made according to the deadlines established and prior to start the camp. Any other arrangements and subjected to management approval
- 8- Kids are responsible to bring their own lunch. We ask parents to be prepared to avoid complication and interference with our camp schedule.
- 9- In case of injury, we will communicate parents for further instructions
- 10- Medications and special care: camp director needs to be notified before hand of any extra care needed in order to accomodate.

I accept and agree with all the rules of the G3 America Martial Arts Camp and understand that they are to be reinforced in order to provide the best experience for all kids and parents.

Parent/Guardian Name:

Date: _____

Parent/Guardian Signature

Date: _____



Additional Information Required Upon Registration

Student Name: _____

Student Name: _____

PARENTS INFORMATION

MOTHER'S NAME:		CELL PHONE:
EMPLOYEER'S NAME:		WORK PH:
FATHER'S NAME:		CELL PHONE:
EMPLOYEER'S NAME:		WORK PH:
EMAIL:	EMAIL:	
HOME ADDRESS:		CITY/ZIP:

EMERGENCY CONTACT IF PARENT/GUARDIAN IS NOT AVAILABLE

NAME/RELATIONSHIP:	PHONE
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MEDICAL INFORMATION

CHILD'S DOCTOR'S NAME:	PHONE:
Please describe any allergies, medical conditions, special instructions or anything in additional we should know or be concerned about:	

Please describe any additional health condition, medical condition or any other type of Information if needed:

G3 America Martial Arts Winter Camp Payment Form 2019

Student(s) Information

Student Name: _____ Age ____ Sex ____ DOB _____
Student Name: _____ Age ____ Sex ____ DOB _____
Student Name: _____ Age ____ Sex ____ DOB _____
Father's Name: _____ Home#: _____ cell#: _____
Mother's Name: _____ Home#: _____ cell#: _____
Address: _____ City/State _____ Zip _____
Email: _____ Email: _____

Choose Your "All American" Winter Camp 2109 Plan:

€ Week 1 (23rd,26th,27th): ___\$125.00 Total Winter Camp Plan: \$ _____

€ Week 2 (30th, 2nd,3rd,6th): ___\$140.00

Siblings Package:

€ 2 children - Week 1: ___\$240.00

€ 2 children - Week 2: ___\$265.00

€ T-shirt: \$15 each (size # ____) Amount: ____

Payment Method Information Options

By Check: check # _____ check amount # \$ _____

OR

By Credit Card - Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Authorization for credit/debit card billing

I authorize G3 America Martial Arts to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for the duration of the program. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Authorized Signature: _____ Date: _____

Print Name: _____ Date: _____

G3 America Martial Arts Instruction Waiver and Release of Liability

Please read, sign and date the following waiver.

Before beginning any type of martial arts training or any kind of exercise program, you should first consult your physician. While training, serious injuries are possible, including sprains, strains, twists, cramps, and other injuries of similar magnitude. Individuals training in the martial arts can expect to encounter these injuries infrequently. The possibility of more serious injury exists, including fractured bones, broken bones, and torn ligaments, though not all martial artists encounter such serious injuries. As with any martial arts training or physical activity, there also exists the remote possibility of crippling or death. During any martial arts training or exercise if you feel dizzy or faint or experience any pain whatsoever, you must stop immediately and without delay seek the advice of a physician or health care professional.

In consideration of being allowed to participate in any way in martial arts instruction or training, and related events, such as day and seasonal camps, and activities, the undersigned:

1. Agrees that prior to participating in the activities offered by G3 America Development Group LLC / DBA G3 America Martial Arts, they will inspect the facilities used and equipment to be used, and if they believe anything is unsafe, they will immediately advise their instructor, coach or supervisor or facility personnel of such condition(s) and refuse to participate.
2. Acknowledges and fully understand that they will be engaging in activities and programs offered by G3 America Development Group LLC / DBA G3 America Martial Arts that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of training, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to litigate/sue the G3 America Development Group LLC / DBA G3 America Martial Arts' instructor(s), affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the instruction, all of which are hereinafter referred to as "release's" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release's or otherwise.
5. Agrees that all movements learned will be used for self-defense purposes only, and only as a last resort.

The undersigned has read and fully understands the above waiver and release, and understands that they have given up substantial rights by signing it and signs it voluntarily.

Students' Printed Name: _____

Students' Guardian Name: _____

Student/ Guardian Signature: _____ Date: ___/___/___

**NINJA WARRIOR OBSTACLE COURSE PARTICIPANTS UNDER THE AGE OF 18 (October, 2018)
LIABILITY RELEASE, WAIVER AND COVENANT NOT TO SUE**

PARENTS/GUARDIANS: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR CHILD'S AND YOUR LEGAL RIGHTS AND WILL ELIMINATE YOUR ABILITY TO BRING FUTURE LEGAL ACTIONS.

I acknowledge that the Ninja Warrior Obstacle Course is an extreme test of my physical and mental limits that carries with it inherent risks of physical injury. Inherent risks are risks that cannot be eliminated completely regardless of the care and precautions taken by the operator.

I hereby represent and warrant that I am the parent/legal guardian of _____ {Insert your child's name}. I further represent and warrant that I am at least eighteen (18) years of age. My child is in good physical and mental health and do not suffer from any mental or physical condition or disability which may render his/her participation in the Ninja Warrior Obstacle Course (the "Activity") hazardous to his/herself or to others or which may impair his/her ability to participate in the Activity. I further acknowledge and agree that none of the Released Parties (as defined below) has any obligation or responsibility to evaluate my child's physical condition or any limitations associated with his/her participation in the Activity.

RELEASED PARTIES MEANS EACH OF THE FOLLOWING: G3 America Development Group LLC dba G3 America Martial Arts, AND THEIR RESPECTIVE DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, CONTRACTORS, INSURERS, EQUIPMENT SUPPLIERS, AND VOLUNTEERS, AND REPRESENTATIVES OF ANY OF THE FOREGOING.

I UNDERSTAND AND AGREE THAT MY CHILD IS PARTICIPATING IN THE ACTIVITIES AT HIS/HER OWN RISK. ON MY BEHALF AND ON BEHALF OF MY CHILD, I EXPRESSLY ASSUME ALL RISK OF INJURY (INCLUDING PERMANENT DISABILITY AND DEATH) ARISING OUT OF HIS/HER PARTICIPATION IN THE ACTIVITIES, HOWSOEVER CAUSED OR ARISING AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING ANY SUCH INJURY, PERMANENT DISABILITY OR DEATH.

IN CONSIDERATION OF MY CHILD'S PARTICIPATION IN THE ACTIVITY, I HEREBY RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, CAUSES OF ACTION, OR DEMANDS RELATING TO OR ARISING OUT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY.

IN ADDITION, ON MY BEHALF AND ON BEHALF OF MY CHILD, I HEREBY WAIVE ANY CLAIMS AGAINST THE RELEASED PARTIES THAT I MAY HAVE ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.

ON MY BEHALF AND ON BEHALF OF MY CHILD, I FURTHER COVENANT AND AGREE NOT TO SUE THE RELEASED PARTIES FOR ANY CLAIMS OR DAMAGES ARISING FROM MY CHILD'S PARTICIPATION IN THE ACTIVITIES.

By signing below, I acknowledge that I have carefully read and understand the information stated above.

In the event of an emergency, I hereby give consent for my child to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

Participant's Name: _____ Age: _____

Parent or Guardian's Printed Name: _____

Parent's or Guardian's Signature: _____ Date: _____