



Summer Camp Registration Form

To Register: Complete this form and bring to:

**KIM'S ACADEMY OF SANDY 10510 S. 1300 E.
SANDY, UTAH 84094 Ph. (801) 553-1464**

Weeks Attending (check all that apply): Week #1 June 11-15 Week #2 June 18-22
 Week #3 June 25-29 Week #4 July 9-13 Week #5 July 16-20

Weekly Rates \$150. Save \$100 and sign up for all 5 weeks for \$650!

Name of Participant: _____ Male _____ Female _____

Birthday: _____ Age: _____ Grade just completed: _____ School: _____

Address: _____ City: _____ Zip: _____

Parent or Guardian: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

In Emergency Notify (other than parent/guardian): _____ Phone: _____

Name(s) of any siblings or friends that are also attending: _____

Any notes of interest (medical conditions, allergies, etc.): _____

Parental Statement of Agreement-Assumption of Risk Liability Release Policy

- Release:** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily injuries and or emotional injury to my child. In consideration of my child being permitted to participate in such events, I hereby voluntarily and knowingly, release, waive and discharge Kim's Academy of Sandy or Denda Academy of Martial Arts from any and all liability during my child's participation in Summer Camp activities.
- Refund:** All refunds must be requested in person, accompanied by a written refund request. **No refunds shall be given after the first day of the program.**
- Emergency Treatment:** I hereby authorize Kim's Academy program staff to act in my behalf in accordance with their best judgment in case of emergency involving my child, and agree to pay for all expenses, medical or otherwise, that may arise there from. I understand that my insurance company or I will be billed for such treatment.
- Equal Opportunity:** Kim's Academy of Sandy provides equal opportunity to participate regardless of race, creed or gender, and will upon request provide reasonable accommodations to individuals with disabilities.
- By signing** this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Signature (Parent or Legal Guardian) _____ **Date** _____