

BLG CAMP FORM

CAMP MUST BE PAID IN FULL AT TIME OF BOOKING

Check one of the following camps you are signing up for.

One Day Camp Spring Camp
 Winter Camp Summer Camp

For Multiple Week Camps Only:

| | | | | | |
|-----------------------------|---|--------------------------|------------------------------|---|--------------------------|
| <input type="checkbox"/> W1 | - | <input type="checkbox"/> | <input type="checkbox"/> W6 | - | <input type="checkbox"/> |
| <input type="checkbox"/> W2 | - | <input type="checkbox"/> | <input type="checkbox"/> W7 | - | <input type="checkbox"/> |
| <input type="checkbox"/> W3 | - | <input type="checkbox"/> | <input type="checkbox"/> W8 | - | <input type="checkbox"/> |
| <input type="checkbox"/> W4 | - | <input type="checkbox"/> | <input type="checkbox"/> W9 | - | <input type="checkbox"/> |
| <input type="checkbox"/> W5 | - | <input type="checkbox"/> | <input type="checkbox"/> W10 | - | <input type="checkbox"/> |

_____ I have received a copy of Black Lotus Training Center, LLC Rules and Policies.,

_____ I have read, understood, and agree to the Rules & Policies enforced by Black Lotus Training Center, LLC.

Parent signature



305 Lake Avenue Lake Worth Beach, FL 33460 - Tel: 561-740-6018 - info@blacklotusgym.net - www.blacklotusgym.com

STUDENT INFORMATION

Child Name 1: _____ Age: _____

Child Name 2: _____ Age: _____

Child Name 3: _____ Age: _____

Child Name 4: _____ Age: _____

Parent Name: _____

Phone 1: _____ - _____ - _____ C/H/W Phone 2: _____ - _____ - _____ C/H/W

Address: _____

City: _____ State: _____ Zip: _____

APPROVED PERSON for CHILD PICKUP: (IF OTHER THAN PARENT LISTED)

Name: _____

Phone #: _____ - _____ - _____ Cell / Home / Work

Name: _____ Phone #: _____ - _____ - _____

Name: _____ Phone #: _____ - _____ - _____

PD Registration: _____ Date: ____/____/____

Food / Animal Allergies

| | |
|---------------------|-------------------------------|
| Allergic To: | Medication Prescribed: |
| | |

Natural / Seasonal Allergies

| | |
|---------------------|-------------------------------|
| Allergic To: | Medication Prescribed: |
| | |

Medications

| | |
|---------------------|-------------------------------|
| Allergic To: | Medication Prescribed: |
| | |

Emergency Contacts

| | |
|-----------------------------|------------------------|
| Parent / Guardian: | Physician Name: |
| Primary Contact #: | Company Name: |
| Secondary Contact #: | Contact #: |
| | |

Please read and sign the waiver below:

I HAVE READ BLACK LOTUS GYM RULES AND REGULATIONS AND FULLY UNDERSTAND MY AND MY CHILDS RESPONBSILITIES.

The undersigned understands the risk associated in training at Black Lotus Training Center, LLC and hereby release, indemnify and discharge Black Lotus Training Center, LLC, all instructors, all employees and all other students of Black Lotus Training Center, LLC from any and all liabilities for any type of injuries or loss sustained while training, studying, and practicing or in the application of Martial Arts and/or Yoga. I certify that I and my child possess a sufficient degree of physical fitness to participate and our participation in this activity is purely voluntary and we elect to participate in spite of the risks. In the event of an emergency, I hereby authorize any licensed medical personnel to perform any accepted medical procedure deemed necessary and agree to bear the expense of such a treatment. I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND AGREE TO ALL TERMS AND CONDITIONS.

Parent/Guardian: In exchange for Black Lotus Gym HQ allowing my minor child to use the facilities, I agree to the assumption of Risk, Waiver and Indemnity clause in this agreement. I also agree to defend and indemnify Black Lotus Gym Training Center, LLC or its officers and employees to the fullest extent permitted by law for any claim brought. by my minor child against them. I also promise to pay any financial obligation incurred by my minor child for any reason and acknowledge that the banking information provided is my account.

Signature: _____

Date: _____

For Minors - Signature of Parent: _____

Date: _____