



PACIFIC TOP TEAM

Summer Kids Camps Registration

Participant Information

Child's First and Last Name: _____

Child's Age: _____ Care Card Number: _____

Family Doctor: _____ Phone Number: _____

Any injuries we should be aware of? _____

Any allergies we should be aware of? _____

Parent Information

Parent or Guardian First and Last Name: _____

Cell Phone: _____ Work Phone: _____

Email: _____ How did you hear about our Camps? _____

Best form of communication to reach you (check all that apply): Phone Text Email

Address: _____

City: _____ Province: _____ Postal Code: _____

Emergency Contact Information

First and Last Name: _____

Relation To Child: _____

Cell Number: _____ Work Number: _____

PACIFIC TOP TEAM

Waiver and Release Form for Summer Camp

Liability Release and Parental Consent Form

In consideration of the acceptance of my application for the above program, I hereby waive, release, and discharge any and all claims for damages for personal injury, property damages or which may hereafter occur to my child as a result of participation in Pacific Top Team Summer Camps, and during the field trips off the property (*parents will be notified with 24 hours notice minimum of time slot and location of each field trip every time the children will be off the property of #3-1745 Spall Road Kelowna BC*). This release is intended to discharge in advance Pacific Top Team, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Parental Consent

I give consent for my child _____ to participate in the above activities, and I execute the above liability release on their behalf.

Consent for Treatment

I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Pacific Top Team Camps are fully insured and licensed.

Waiver and Release Form for Summer Camp

Photo Release Form for Minor Children I _____ hereby authorize Pacific Top Team to publish the photographs taken of me and/or the undersigned minor children, and our names, for use in the Pacific Top Team website and for display in the facility. I release Pacific Top Team from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below and that I have the authority to authorize Pacific Top Team to use their photographs and names. I acknowledge that since participation in publications and websites produced by Pacific Top Team is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by Pacific Top Team confers no rights of ownership whatsoever. I release Pacific Top Team, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

General Release: I hereby acknowledge that the Summer Kids Camps programs offered by Pacific Top Team are physical activities, and requires physical contact. Pacific Top Team Inc and or its staff and students are not held liable or responsible for any risks and/or injuries as a result of attending the Summer Kids Camps at this facility or the field trips the children will attend during the Summer Kids Camps.

Parent or Guardian Name Printed: _____

Parent or Guardian Signature: _____ Date: _____ / _____ / _____
Day / Month / Year

PACIFIC TOP TEAM

Information For Parents

Kids Camps will be held at Pacific Top Team Martial Arts Kelowna

Address: #3-1745 Spall Road Kelowna B.C. V1Y-4P7

Front Desk Phone Number: 778.484.1789 OR 250.307.6667

Front Desk Email: info@pttkelowna.com

WHAT WEEK(S) WILL YOUR CHILD BE ATTENDING?

Check all that apply

July 9-13

July 16-20

August 13-17

**IF YOUR CHILD IS ONLY ATTENDING FOR A DAY,
PLEASE LET US KNOW BY WRITING IT BELOW:**

PAID IN FULL:

YES!

NO

Notes: