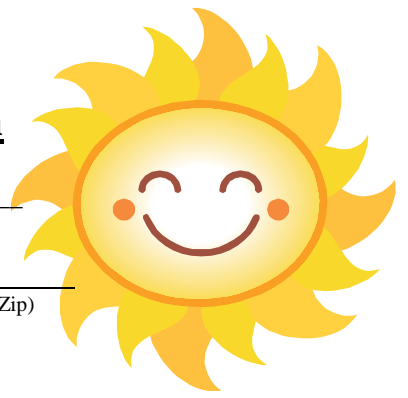


Spring Break Camp Registration/Release Form



Child's Name: _____ Age: _____ Birthdate: ____/____/____
(Last) (First) (Init)

Address: _____
(Street) (City) (State) (Zip)

Gender: Male Female

Home phone: (____) _____ Work/Cell phone: (____) _____

Limiting Health Conditions or Disabilities: _____

Hospitalization within the last three years: Yes No

If yes, explain: _____

Email: _____

Camp fee before March 23rd is \$125/child. After March 23rd the fee increases to \$155/child. Register EARLY!

Indemnification Agreement and Waiver

The undersigned hereby acknowledges and accepts that activities in the martial arts can be dangerous and may result in injury or damages to those participating in such activities. By my signature affixed below, I acknowledge having had the opportunity to discuss this with instructors of the martial arts and understand the risks and possible consequences of participation. The undersigned, on behalf of himself/herself, and for any person for whom he/she is a parent and/or legal guardian, hereby waives all rights of action against PERFORMANCE ASSOCIATES, INC. d/b/a as "Twin Dragons", its officers, directors, shareholders, employees, agents, and/or instructors as a result of any injury, damage, cause of action, or claim the undersigned may have as a result of participating in "Twin Dragons" programs and hereby indemnifies those same persons or entities against any loss, cost, damage, or expense resulting therefrom. I also agree that any pictures taken of or by me in connection with Twin Dragons programs, classes, demonstrations, tournaments, or any reasonably related events may be used by Twin Dragons for publicity or promotion without compensation at this time or any other time.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

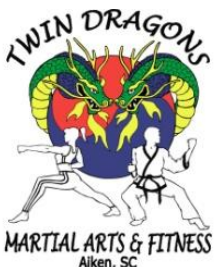
Parent/Guardian: _____ Date: ____/____/____
SIGNATURE

Parent/Guardian: _____
PRINT NAME

Emergency Contact: _____ Phone: (____) _____
PRINT NAME RELATIONSHIP

Medications/Allergies: _____

Please provide the name(s) of anyone who has your permission to pick up your child from our facility:



Camp Hours
8:30 AM to 4:00 PM
Monday, April 2nd – Friday, April 6th
REGISTER BEFORE MARCH 23RD AND SAVE!

