



Xtreme League Martial Arts

XTREMELEAGUEMA.COM

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2021-2022 SUMMER CAMP PROGRAM PACKET

****Summer Camp begins at 7:30 and ends at 6pm****

Date: _____

Name of Parent/Guardian: _____ DOB: ___/___/___

Email: _____

Address: _____ Apt: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Student (Child) Members:

_____ (M/F) DOB: ___/___/___ Age: _____

_____ (M/F) DOB: ___/___/___ Age: _____

_____ (M/F) DOB: ___/___/___ Age: _____

XLMA After School Guidelines:

Our program is a place where your child will learn Martial Arts and stay fit! The element of our program is teaching the principles of a Black Belt: ***Integrity, Honor, Perseverance, Discipline, Respect and Self Control.***

While helping to build character, we educate them with Self Defense through Martial Arts.

After our students earn a Yellow Belt, we start sparring classes. This is NO ADDITIONAL cost to you! In this class they can apply the Taekwondo techniques they have learned during the weekly classes and discover how fun and exciting the sport of Taekwondo is.

Some people do not know that Taekwondo is part of the Olympic Games. Keep in mind during belts for colored belts (yellow and up), sparring is mandatory and is part of the requirements. So, to be able to pass the testing they MUST know how to fight.

The following are just friendly reminders of how our program works:

- There are NO REFUNDS.
- A packed lunch and snack is required.
- In case your child is sick or absent, please let us know ASAP. *In case we are not informed, a \$10 fee will be charged to your account. NO exceptions.*
- If someone else (not a parent on the approved list) is picking up your child from XLMA please let us know and that person must show proper ID.
- For every 10 minutes that pick up is past 6pm there will be a \$5 fee.

By signing this, I agree that I have read the above guidelines.

Signature of Parent or Legal Guardian

Date

COURSE DESCRIPTION

The undersigned individual (the Member), hereby indicates their desire to become a member of Xtreme League Martial Arts (XLMA), pursuant to the terms and conditions of this membership agreement. Total payment due will be paid in weekly installments of \$ 105.00 on Monday of every week, commencing on the 06/06 /2022.

I/We hereby authorize XLMA to withdraw from the information furnished below under the company's preauthorization payment plan (Visa, Mastercard, Discover).

Visa/MC/Discover (please circle one) card #: _____ Exp: ____/____
CVV#: _____ Billing Zip Code: _____

Conditions:

- 1) The transaction on your bank statement will constitute receipt for payment on your account.
- 2) A service charge of \$25.00 will be applied to all declined payments.
- 3) Member will furnish new bank or cc/information should it change 10 days *PRIOR* to the date of the transaction per the agreement.
- 4) ****CONSUMER RIGHT OF CANCELLATION:** You may cancel this agreement by providing a 30-day notice. If XLMA goes out of business and fails to provide facilities with 10 miles of or moves more than 10 miles away from the present facilities, you may cancel this agreement.

Rules and Participation:

XLMA Member hereby agrees to abide by all posted safety guidelines and regulations while using facilities and equipment. Additionally, the Member agrees to dress and conduct themselves in a manner deemed appropriate by Master Ruiz.

The Member shall not consume drugs, alcohol, or tobacco products on XLMA property.

Health Attestation:

Member Attests that they are fully able to participate in any class or regimen they choose without undue risk.

_____Initials

Cancellation:

The member also agrees that this agreement may be cancelled at any time with a 30-day written notice and membership fees will be due through the 30-day notice.

_____Initials

SUMMER CAMP PROGRAM EMERGENCY INFO

Child's Name: _____ Date of Birth: _____

Parent Names: _____ Phone: _____

_____ Phone: _____

Mailing Address: _____

Email Address: _____

In the event of an illness, injury or whenever I cannot be reached, I wish one of the following to be contacted. They are authorized to act on my behalf in my absence and may pick my child up from XLMA, LLC.

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In an event that myself or none of my emergency contacts can be reached, I wish my child to be taken to the emergency room and I know that I will be responsible for any extra costs. Likewise, I acknowledge that the XLMA representative/director/owner will not be responsible for any portion of the cost.

Yes _____

No _____

Please list any:

Allergies: _____

*Do these allergies require medical treatment or the application of medication by and
XLMA representative?*

**Yes _____

No _____

** I understand that if medication is to be distributed that it is with my consent and I
will not hold XLMA, LLC responsible for anything that results due to said distribution.

Chronic Illness: _____

Signature of Parent of Legal Guardian

Date

Acceptance:

The blow signed parties hereby enter into this membership agreement with one another in
acknowledgement and acceptance of the terms listed above.

Member:

Date:

XLMA designee:

Date:

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH XTREME LEAGUE MARTIAL ARTS AND TEAM RUIZ, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby act for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: XTREME LEAGUE MARTIAL ARTS (XLMA) AND TEAM RUIZ and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from all liabilities or claims made because of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that XLMA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature	Date	Owner or Agent for Owner	Date
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(If under 18 years old, Parent or Guardian must also sign.)