



Xtreme League Martial Arts

26251 S. Tamiami Trail Ste 18

Bonita Springs, FL 34134

2023 SUMMER CAMP PROGRAM PACKET

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

(Late pick up is available for an additional fee)

**** Drop off is no later than 9:30****

Date: _____

Name of Parent/Guardian: _____

Email: _____

Address: _____ Apt: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Student (Child) Members:

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

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

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

XLMA Summer Camp 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.***

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

- There are NO REFUNDS.
- A packed lunch, water bottle and snack are required. Please include silverware if needed. We do not provide it.
- Field trip days we leave at 10am and return at 1pm.
- 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.
- This is a contract for the full summer program.

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 \$ 135.00 on Monday of every week, commencing on 6/5/2023.

Authorization Agreement

I, _____, (customer) authorize **Xtreme League Martial Arts** to charge my:

credit card

checking account

Customer name: _____

Billing address: _____ Zip code: _____

Credit Card Information - if charging a credit or debit card (A 3.99% surcharge is attached to all transactions). This fee is waived should you choose the "Bank Account Information" option below.

Card number: _____ Expiration date (MM/YYYY): _____

Bank Account Information - if charging a checking or savings account

Account Number: _____

Routing Number: _____

I understand that my information will be saved to file for future transactions on my account and authorization will remain in effect until I formally request cancellation.

Customer signature: _____ Date: _____

Conditions:

- 1) A \$99 registration fee will be charged upon submission of this application for all NON Student registrants. The fee is required to hold your spot and is **nonrefundable**.
- 2) The transaction on your bank statement will constitute receipt for payment on your account.
- 3) A service charge of \$25.00 will be applied to all declined payments.
- 4) Weekly tuition is due on Monday and is considered late Tuesday. A late fee of \$15.00 will be added to your account.
- 5) ****CONSUMER RIGHT OF CANCELLATION:** You may cancel this agreement by providing a 7-day written notice. A Cancellation fee of \$109 applies. ****This is not applicable to those skipping a week or changing your summer schedule. Advanced notice IS required however. It is only for those who terminate the contract with intention of not returning.**
- 6) The uniform is free with registration however if you cancel the agreement within the first 30 days you will be charged \$75.00 for the uniform. Returning the uniform is not an option.

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 **X**LMA, LLC.

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In an event that none of my emergency contacts or I 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 below 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 (18 or older)	Date	Participant's Name
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Parent/Guardian Signature (If under 18 years old)	Date	Owner or Agent for Owner	Date
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Thank you for choosing us for your Summer Camp!

Camp hours are 7:30am to 6pm, Monday through Friday. Drop off hours are from 7:30am to 9:30am only.

- Lunch, Snack and a **water bottle** are required. They can refill the bottles here.
- Blankets and Pillows are allowed however they must be travel size. No full size please as we have limited space for such items.
- Outside electronic devices such as PSP, Ipad, Tablet, and Switch are allowed however they will only have a limited amount of time each day that they can be on them.
- We do NOT allow the following:
 - 1) Slime, Play Doh, Kinetic Sand, Balloons, or Toys with small parts. Please keep the number of toys from home to a minimum, we have plenty of activities to keep them busy 😊
- Taekwondo classes are included in the weekly tuition.
- The weekly fee is paid on Mondays. Tuition is the same price if it's 1 day or 5 days.
- When traveling for activities outside of the school, we will leave at 10am and return by 1pm.
- Due to the number of viruses, bacteria and such illnesses please do NOT send "shareable" snacks. (10 hands in a bag of chips adds to the chances of getting sick).
- We have partnered up with Jason's Deli again this year to offer campers boxed lunches. Parents, following this link below you can choose a lunch from the menu offered, pay and it will be delivered directly to our school with their names on it. You will have the option of choosing certain days or weeks for the service. Lunches are less than \$7 per meal!
- <https://gameday.jasonsdeli.com/app/events/PPK29Y6HDZ>

Instructions:

- 1- Create an Account or Sign In if you already have a Jason's Deli Gameday Account
- 2 - On the Dates page, enter your name and select the delivery dates
- 3 - Customize your meal
- 4 - Review your Order and enter your Payment Information
- 5 - You will receive an email Order Confirmation