



USSD SUMMER CAMPS 2019

Registration Form, Consent, and Medical Treatment Authorization

Welcome to the United Studios of Self Defense, Inc. Summer Camp Program for ages five and up. We will serve your child with excellent training, care and compassion. Our goal is for your child to gain confidence and self esteem, develop values and character, meet new friends and have fun!

Session 1) July 8-July12, 2019 **Ultimate Ninja Week!** (Martial Arts, Bowling, Swimming, Belmont Park, Bay Fun)
Session 1) July 22-July 26, 2019 **Ninja Splash week!** (Martial Arts, Water sports on the Bay, Swimming, Waterpark)
Cost \$249/session Hours 9am-2:30pm (We reserve the right to change field trips due to weather and number of participants)

REGISTRATION INFORMATION

Name of Participant: _____ Male Female
Date of Birth: _____ Age: _____ USSD Member? Yes No
Name of Parents / Legal Guardians: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

Name of Health Insurance Company: _____ Policy # _____
Ins. Phone #: _____
List any Allergies, Illnesses, Physical and Dietary Restrictions: _____
Does your child take any medication on a regular basis? Yes No If YES: Medication: _____
Time Given: _____ Dosage: _____

PAYMENT SUMMARY

Please mark appropriate session(s): (July 8–July 12, 19) (July 22–July 26, 19)
Number of Camps _____ x \$249 Paid in Full \$ _____ Payment Method: Check Visa MC AMEX
Card #: _____ Zip code: _____ Exp. Date: _____ 3 # Code: _____
Card Member's Name: _____ Signature: _____ Date: _____

- Campers will be supplied with daily classes, admission to activities, and materials required for crafts. Camps are non-refundable.
 - What to bring: healthy snack, lunch, a water bottle, sunscreen, comfortable clothes and shoes, and a smile!
- Return Completed Form and Payment to:** USSD Pacific Beach, 1749 Garnet Avenue, San Diego, CA 92109 Or email it to ussdpb@gmail.com.
For any questions please call (858) 274-1229.

My child _____ is in good health and has my permission to participate in USSD Summer Camp Program. In the event of illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician as deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the student's/camper's parent or guardian. I fully understand that all USSD students/campers are to abide by and accept all rules and requirements governing conduct during any scheduled activities/excursions. To the extent permitted by USSD management, any USSD student/ camper determined to be in violation of behavior standards will be sent home at their own or their parents/guardians' expense. All participating in USSD and related activities and planned field trips or excursions, shall be deemed to have waived all claims against United Studios of Self Defense and its management, for injury, accident, or illness.

Photo Release: In consideration of possible participation in USSD Summer Camp Program, I hereby grant USSD or any person authorized by USSD to photograph, film, or tape program participants, and to use, publish, copyright, and distribute images of my son/daughter. I understand the images will be used to promote USSD and the work it supports in our community. I release and discharge the USSD, staff and volunteers from any and all claims in connection with the use of the above images.

YES, I AGREE TO THE PHOTO RELEASE NO, I DO NOT AGREE TO THE PHOTO RELEASE

Parent's Signature: _____ Date: _____