2020 F.A.S.T. Summer Camp

*Functional Athletic Sports Training*



**When**: **June 8th-July 3rd, July 20th-July 31st (6-week session)**

Mondays, Wednesdays and Fridays

**Time**: **10:00am-11:00am** \*20 spots available\*

 -OR- (you pick your time slot)

**11:15am-12:15am** \*20 spots available\*

**Where**: 312 N Main Street

**Cost**: $125 **(3/2-3/31/20)**

 $150 **(4/1-4/30/20)**

 $175 **(5/1-5/31/20)**

**Ages**: Incoming, boys and girls, 5th-12th grade athletes and 2020 graduates

Our training program gives results so your son or daughter can compete at their highest level/ability. Your child will be closely monitored and trained to perform each exercise correctly throughout this session. There will be pre-and post-assessments given.

**Contact Coach Troy at 763-228-1591 for more information or questions.**

 Impact Martial Arts and Fitness

Injury Waiver

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name (if under 18 yrs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level Entering \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Participating in:

\_\_\_\_\_\_\_\_\_ Martial Arts (kids and adults)

\_\_\_\_\_\_\_\_\_ TAPS (Self-Defense)

\_\_\_\_\_\_\_\_\_ TRX

\_\_\_\_\_\_\_\_\_ Kickboxing

\_\_\_\_\_\_\_\_\_ Muay Thai

\_\_\_\_\_\_\_\_\_ Catch 30

**\_\_\_X\_\_\_\_\_\_ F.A.S.T. Camp**

\_\_\_\_\_\_\_\_\_ Jiu-Jitsu

\_\_\_\_\_\_\_\_\_ I understand that the classes I take can be physical and the practice of such arts can result in injury to a student/client.  Accordingly, student/clients shall participate at his or her own risk and it is expressly agreed that Impact Martial Arts and Fitness shall not be liable for any claims, injuries, damages or actions whatsoever to member or member’s property arising out of the practice of these arts or connected use of any use of the services or facilities of Impact Martial Arts and Fitness and member does hereby expressly release and discharge Impact Martial Arts and Fitness from all such claims, injuries, damages or causes or action and from all acts of active or passive negligence on the part of Impact Martial Arts and Fitness, and it’s instructors, students, staff members and volunteers of Impact Martial Arts and Fitness.

Yes No Does the child have any medical conditions that may affect in any way his/her participation in physical activity, if yes please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have read, understand and accept this agreement.

Student/Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Impact Martial Arts and Fitness Staff Member Initials: \_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_

***ATTACH THE FEE TO THIS DOCUMENT AND BRING TO IMPACT MARTIAL ARTS & FITNESS***