

Fight Back Summer Camp Registration Form

Please fill out one registration form per student and upload to
<https://www.fightbackllc.org/registerastudent>
or email to fightbacktucson@gmail.com

Student Name: _____ Age: _____

Parent/Legal Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: (____) _____ - _____

Parent Email: _____ School: _____

Date of Birth: ____/____/____ Sex: M ____ F ____

All known allergies:

All Previous injuries:

INDICATE SESSION 1 OR 2 THEN CHOOSE ONE ATTENDANCE OPTION:

SESSION 1 SESSION 2

TWICE PER WEEK:



LEMAN MARANA: MONDAY AND TUESDAY



LEMAN ORO VALLEY: WEDNESDAY AND THURSDAY

FOUR DAYS PER WEEK



MONDAY/TUESDAY (Leman Marana) WEDNESDAY/THURSDAY (Leman Oro Valley)

DROP IN CLASSES:

Please indicate drop in class dates:

RELEASE AND WAIVER OF LIABILITY

I _____ (PARENT/LEGAL GUARDIAN) hereby grant permission for _____ (student name) to participate in all "Fight Back Summer Camp" (Fight Back, L.L.C.) activities. I acknowledge and recognize that there are risks and dangers, both seen and unseen, known and unknown, which may be associated with participation in Fight Back Summer Camp (Fight Back, L.L.C.) and participation can result in serious bodily injury or significant disabilities. After being fully informed of the risks and dangers, and having a full and fair opportunity to independently assess the risks and dangers, I freely consent to _____ (child's name) participation in Fight Back Summer Camp (Fight Back, L.L.C.) I fully appreciate and understand the risks associated with participation in Fight Back Summer Camp (Fight Back, L.L.C.), both known and unknown, foreseeable and unforeseeable, and hereby agree to forever waive and release Fight Back Summer Camp (Fight Back, L.L.C.) and all its employees, agents, assigns, independent contractors from any responsibility, liability, or obligation in the event of an accidental injury, disability, or death. I understand that _____ (Child's Name) is required to and has obtained an appropriate sports physical for the activities engaged in by Fight Back Summer Camp (Fight Back, L.L.C.), a copy of said sports physical has been provided to Fight Back Summer Camp (Fight Back, L.L.C.), and _____ (parent/guardian initial) has no pre-existing physical condition that would prevent full participation in the activities engaged in by Fight Back Summer Camp (Fight Back, L.L.C.). By signing below you are acknowledging to the above terms and information and agreeing to pay tuition and fees as determined by Fight Back L.L.C.

Parent/Guardian Signature

Date: _____

Parent/Guardian Printed Name

Date: _____

MINOR (CHILD) PHOTO RELEASE FORM

I, _____, [Parent/Guardian] the parent or legal guardian of _____ [Child] grant Fight Back LLC. (DBA "Taekwondo Club") my permission to use the photographs described as tracking attendance and member account establishment on Kicksite and fightbackllc.org and for any legal use, including but not limited to: attendance, copyright purposes, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Printed Name: _____

Child's Name: _____