

Bostock's Registration

Membership Registration

Name:		DOB:
Name:		DOB:
Name:		DOB:
Address:		
Home Phone:		Cell Phone:
Emergency Contact:		Phone:
Email:		
Method of Payment:		
CC#:	exp:	/
Checking Account	Bank Name	
Routing # of check:	/ Account #:	

Pricing

Week of Camp = Call for Pricing

Day of Camp= Call for Pricing

We offer sibling discounts

_____ Week 1, June 1st to June 5th

_____ Week 2, June 8th to June 12th

_____ Week 3, June 15th to June 19th

_____ Week 4, June 22nd to June 26th

_____ Week 5, June 29th to July 3rd

SOLD OUT _____ Week 6, July 6th to Junly 10th **SOLD OUT**

_____ Week 7, June 13th to June 17th

_____ Week 8, June 20th to June 24th

_____ Week 9, June 27th to June 30th

_____ Week 10, Aug 3rd to Aug 7th

****We require a non refundable \$25 deposit to hold your child's spot, (deposit will apply to your camp cost)**

There is No registration fee!

We are excited to have you in Camp! What to Wear!

**** Martial Arts Uniform**

**** For Circus Aerial Arts leggings , yoga pants or gi pants.**

**** We do lots of activities during camp and we burn lots of calories. Please PACK a big LUNCH with extra snacks everyday. They do get hungry during our camp. They will also need a refillable water bottle. (Please no soda, gum, candy or other junk food)**

****** I hereby authorize Bostock's Martial Arts, to deduct my payment _____ from my credit card / savings / checking account.
My monthly or weekly payment from my account from the start of service thereafter through the end of service.

Please name printed: _____ signed name _____ --Date: ____/____/____

****To cancel your payment, you must request to cancel your automatic payment at least three (10) business days prior to the scheduled payment date.**

****** I give myself/my child(ren) permission to attend Bostock's Martial Arts and Fitness and/or ride the bus, attend and participate in all activities, and I acknowledge that martial arts & circus arts are physical activities and can put strain on the body. I am not aware of any ailments that I/my child(ren) suffer from that would affect myself / my child(ren), the staff or third parties. The student/child(ren) and/or parent(s) hereby release and waive all claims against Bostock's Martial Arts and Fitness, Jab Inc, it's instructors, officers, employees and other students individual or otherwise from all claims including from any and all liability and responsibility in connection with such activities and hereby release all parties from liability by reason of accident or injury suffered by said child while engaged in such activities. The student/child(ren) and/or parent(s) understands further that they must strictly obey and follow all and any safety rules set by Bostock's Martial Arts and Fitness. From time to time we may have newspapers and television stations come interview, photograph or video tape our programs and I give my consent to same.

name printed: _____ signed name _____ date: _____