

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 = \$159

Day of Camp= \$59

We offer sibling discounts

_____ November 11th Veterans' Day Camp

_____ November 26th, 27th, 28th Thanksgiving Camp

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: _____