

# N.O.V.A. Kids Camp 2018

## Registration Form

### Contact Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ T-Shirt Size YS YM YL

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone 1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone 1 Belongs To: \_\_\_\_\_

Phone 2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone 2 Belongs To: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Legal Disclaimer

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

"I authorize N.O.V.A. Martial Arts and Lost Valley Bible Camp Staff to consent to emergency medical or surgical treatment of my child and to routine non-surgical care. I also agree to pay for the performance of such treatment, anesthetics and operations deemed necessary in the opinion of the attending physician."

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### Medial Information

Please list any allergies or sensitivities to food, medicine, insects, etc.:

\_\_\_\_\_

Does the camper have any medications they need to be given while they are at camp? \_\_\_\_\_

Does the camper have any medical diagnoses or medical needs/concerns camp staff should know about?

\_\_\_\_\_

By signing below I declare that to the best of my knowledge, my child is physically able to participate in Martial Arts Training which includes vigorous physical exercise. I also agree that all information given above is correct. I agree that if medical information changes between the signing of this document and August 21<sup>st</sup> I will inform health officer of these changes at time of registration.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

I understand that Martial Arts is a contact sport and agree to hold harmless N.O.V.A. Martial Arts Academy, Lost Valley Bible Camp, U.S. Chung Do Kwon Association, the instructors, staff and other camper's from all damages, costs, injuries and expenses, however incurred during or as a result of my child's participation in N.O.V.A. Camp 2017.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

I authorize and release to N.O.V.A. Martial Arts Academy and Lost Valley Bible Camp the use of my children's images in any photograph or video recording captured at N.O.V.A. Camp 2017. These images may be used for promotional materials, including but not limited to, websites, Facebook, YouTube and printed materials.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Registration Cost is \$55 which includes lunch, activities, and a t-shirt.

The camp has a snack shop that is open twice daily and a camp store that is open throughout the day. Additional money is optional and recommended for these activities.

Please send completed form along with payment to:  
NOVA Martial Arts Academy  
6297 Alba Rd. Gaylord, MI 49735

Make Checks payable to **NOVA Martial Arts Academy**

If paying with a credit card, please provide all requested information in the box to the right.

Name on Card: \_\_\_\_\_  
Credit Card #: \_\_\_\_\_  
Expiration Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_  
Billing address of Card Holder:  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cut along dotted line below and use bottom portion as reference

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Drop Off is at 10am on Thursday, August 24<sup>th</sup>. Pick Up is at 3pm.

Lost Valley Bible Camp is located at 5724 M-32 west. Gaylord, MI 49735

#### What to Bring:

- Modest Swim Suit as well as an extra pair of shorts and t-shirt for water games
- Closed toed Shoes is mandatory for many of our activities – Sandals for beach recommended

[www.facebook.com/novatkd](http://www.facebook.com/novatkd)

[www.novamaa.com](http://www.novamaa.com)

[www.lostvalleyretreat.org](http://www.lostvalleyretreat.org)

Master Tyler Branigan [tbranigan@novamaa.com](mailto:tbranigan@novamaa.com)

989-350-7993

Mrs. Branigan [hbranigan@novamaa.com](mailto:hbranigan@novamaa.com)

231-420-8379