

GMA Summer Weekly Camp Application 2026

Daily Camp Time - 7:30m to 5:30pm

PARENT'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP _____

HOME PHONE: _____ E-MAIL: _____ @ _____

EMERGENCY#: _____ EMERGENCY# 2: _____

Names of People Permitted to Pick Up Your Child: _____ / _____

CHILD REGISTERING:

NAME: _____ DOB _____ AGE _____ ATTACH COPY OF INSURANCE CARD

ALLERGIES: PLEASE LIST ANY ALLERGIES OR HEALTH ISSUES (NO peanut products)

List Child Food Allergies: _____ Other _____

05/26 to 05/29

06/29 to 07/03

Non - Member Price

1ST CHILD \$230

2ND CHILD \$220

3RD CHILD \$215

PIF- 10 WEEKS DISCOUNTED - \$2100 per child

06/01 TO 06/05

07/06 to 07/10

06/08 to 06/12

07/13 to 07/17

06/15 to 06/19

07/20 to 07/24

06/22 to 06/26

07/27 to 07/31

Drop In Days

GMA Member Price

1ST CHILD \$170

2ND CHILD \$170

3RD CHILD \$160

PIF - 10 WEEKS DISCOUNTED- \$1600 per child

Minimum requirement to run a camp week is 10 students.

Non members: \$60 per day.

Camp maximum is 25 students.

Members: \$50.00 per day

PLEASE ATTACH A PROOF OF YOUR CHILDS INSURANCE - COPY OF INSURANCE CARD

TOTAL \$ _____ CC # _____ / _____ / _____ EXP: _____ / _____

3 DIGIT CODE _____ CARD BILLING ZIP: _____ MC VISA DISC AMEX

BY SIGNING BELOW: I GIVE PERMISSION TO CHARGE MY CARD THE ABOVE LISTED TOTAL AMOUNT EVERY FRIDAY BEFORE THE CHOSEN CAMP WEEK ABOVE. I ALSO ACKNOWLEDGE THAT I AM RESPONSIBLE FOR ALL WEEKS SELECTED ABOVE FOR THE CHOSEN CAMP SESSION / SESSIONS: YOU WILL BE BILLED FOR THE WEEKS CHOSEN ABOVE. I UNDERSTAND DUE TO LIMITED SPACE & **THERE ARE ALSO "NO REFUND"** ON ANY MISSED SESSIONS OR MISSED CAMP DAYS. **(YOU ARE RESPONSIBLE FOR ALL SELECTED WEEKS)**

I ACKNOWLEDGE THAT GMA IS NOT A DAYCARE AND I UNDERSTAND AS WITH ANY PHYSICAL SPORT ACTIVITY THERE IS A POSSIBLE RISK OF SERIOUS INJURY OR DEATH. I FURTHER UNDERSTAND (GMA) GALLATIN MARTIAL ARTS INC - DOES NOT PAY FOR ANY INJURIES OR ANY MEDICAL COSTS, ARISING FROM ANY INJURIES. ALL ATTENDEES, PARENTS OR GUARDIANS MUST INDEMNIFY AND HOLD HARMLESS THE (GMA) SCHOOL AND ALL STAFF MEMBERS, MASTERS, INSTRUCTORS, OWNERS. LANDLORDS AND ANY DIRECTORS FROM ANY LEGAL ACTIONS RESULTING FROM ANY AND ALL INJURIES OR LIABILITIES RESULTING FROM THE PARTICIPATION IN THE CAMP OR ANY ACCIDENTS OR INJURIES DURING TRANSPORTATION OF YOUR CHILD. I ALSO GIVE PERMISSION IF NEEDED TO CALL 911 AND SEEK MEDICAL ATTENTION IF NEEDED. DUE TO COVID AND THE FLU IF YOUR CHILD IS SICK WE WILL CONTACT THE PARENT FOR IMMEDIATE PICK UP.

ATTENDEES MUST HAVE MEDICAL INSURANCE TO ATTEND CAMP.

No refunds once registered; payments for registered weeks are due whether or not the student attends: You will still be billed if you drop out at the last second. By, signing this agreement you understand you are liable for all weeks chosen and marked above. IF A CHILD IS SICK AS A COURTESY WE CAN MOVE A CAMP DATE TO ANOTHER WEEK IF IT NOT OVERBOOKED. **NO OTHER CREDITS OR REFUNDS WILL BE GIVEN.**

Parents / Guardians Signature: _____ / _____ Date: _____ / _____