



1040 Division Street, Cobourg, ON K9A 5Y5
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 905-375-3113

SUMMER CAMP REGISTRATION

Name: _____	Birth Date: _____
Address: _____	ON Health Care #: _____
Telephone: _____	Known Allergies: _____
Email Address: _____	_____
Emergency Contact:	Camps Attending: _____
Name: _____	
Phone #: _____	Payment Options: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit
Relation: _____	Payment Date/Amount: _____

<p>I (we) authorize United Brazilian Jiu Jitsu to administer medications and/or emergency injections to campers during camp hours as per details provided in this section. Administration of these medications will not be provided without this completed and signed form.</p> <p>The parent/guardian of a camper with a serious health concern is strongly recommended to have proper identification on the student at all times (i.e. medical alert bracelet) and is responsible for providing, in advance, medication and supplies needed for treatment in any life threatening situation.</p> <p>These health concerns include, but are not limited to severe allergies and anaphylactic shock, severe asthma, seizures and diabetes.</p> <p>All medications must be in the original container with currently dated, accurate pharmacy label.</p>	Name of medication: _____
	Health concern associated _____ _____
	Dosage _____
	Side Effects if any _____
	Time to be given _____
	Date to be given _____
	Date to end _____

Note: Our employees are instructed to follow the doctors and or parent/ guardians instructions explicitly. Persons administering the medications are not medically trained professionals and cannot be held responsible for any conditions that may arise from the administration of the medication to a student, that are beyond their control.

I, the undersigned Parent or guardian of _____, a camper attending United BJJ kid's camp hereby give permission to United BJJ and its employees to administer the above listed medication prescribed for said child.

Signature of Parent or Guardian _____ Date _____

WAIVER - PERSONAL INJURY:

I AM WAIVING THE RIGHT TO BRING A LAWSUIT, TO RECOVER COMPENSATION, OR TO OBTAIN ANY OTHER REMEDY FOR ANY INJURY OR THE DEATH, DAMAGE OR LOSS OF PROPERTY, OR ACCIDENT OF ANY KIND ARISING OUT OF MY MARTIAL ARTS CLASSES WITH UNITED BRAZILIAN JIU-JITSU.

WAIVER - DEMONSTRATIONS AND TRAVEL:

I UNDERSTAND THAT AS A MEMBER OF UNITED BRAZILIAN JIU-JITSU, MAY HAVE THE OPPORTUNITY TO TRAVEL TO COMPETITIONS OR OTHERWISE DEMONSTRATE THEIR MARTIAL ARTS SKILL OUTSIDE THE UNITED BRAZILIAN JIU-JITSU PREMISES. THIS WAIVER SHALL ALSO INCLUDE ANY PERSONAL INJURY, DEATH OR OTHER LOSS THAT MAY OCCUR AT ANY POINT DURING A TRIP OR EVENT OUTSIDE THE UNITED BRAZILIAN JIU-JITSU PREMISES, INCLUDING, BUT NOT LIMITED TO, ALL TRAVEL TO AND FROM SUCH EVENTS, AND ANY INJURY SUFFERED DURING ANY NON-MARTIAL ARTS ACTIVITIES.

WAIVER - PHOTO/VIDEO/RECORDING RELEASE:

I GIVE PERMISSION FOR THE USE, PUBLICATION AND OTHER DISPLAY, INCLUDING ADVERTISEMENTS, OF PHOTOS, VIDEO AND OTHER RECORDINGS TAKEN OF ME WHILE I AM A MEMBER OF UNITED BRAZILIAN JIU-JITSU. I UNDERSTAND THAT I WILL NOT BE COMPENSATED IN ANY WAY FOR ANY PHOTO, VIDEO, OR OTHER RECORDING USED, PUBLISHED OR DISPLAYED BY UNITED BRAZILIAN JIU-JITSU, OR OTHERS.

WAIVER - RELEASE AND INDEMNITY:

I HEREBY AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS UNITED BRAZILIAN JIU-JITSU, INCLUDING ITS AGENTS, OWNERS, OFFICERS, DIRECTORS, SHAREHOLDERS, VOLUNTEERS, EMPLOYEES, CHAPERONES AND ALL OTHER PERSONS OR ENTITIES ACTING IN ANY CAPACITY ON BEHALF OF UNITED BRAZILIAN JIU-JITSU, FROM ANY CAUSE OF ACTION, CLAIMS OR DEMANDS WHATSOEVER, HOWEVER CAUSED, INCLUDING, WITHOUT LIMITING THE GENERALITY OF THE FOREGOING, ANY CLAIMS WHICH ARE CONNECTED WITH: (I) My PARTICIPATION IN MARTIAL ARTS CLASSES, (II) My USE OF UNITED BRAZILIAN JIU-JITSU FACILITIES; AND (III) USE OF PHOTOGRAPHS, VIDEOS OR OTHER RECORDINGS TAKEN OF ME AND INCLUDING ANY SUCH CLAIMS WHICH ALLEGE NEGLIGENT ACTS OR OMISSIONS BY ANY OF THE PERSONS LISTED IN THIS PARAGRAPH. I AGREE THAT THIS WAIVER, INDEMNITY AND RELEASE OF LIABILITY IS BINDING UPON MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND ESTATE.

WAIVER – PRIVACY - COLLECTION OF PERSONAL INFORMATION

UNITED BRAZILIAN JIU-JITSU HAS COLLECTED THE PERSONAL INFORMATION LISTED IN THIS APPLICATION FOR THE FOLLOWING REASONS: I) TO BE ABLE TO CONTACT THE APPLICANTS REGARDING UNITED BRAZILIAN JIU-JITSU CLASSES AND OTHER RELATED ACTIVITIES; II) TO BE ABLE TO COLLECT PAYMENT OF THE MEMBERSHIP FEES, INCLUDING THE RELEASE OF THE INFORMATION TO PROFESSIONAL PAYMENT SERVICES, THE COMPANY THAT PROCESSES THE PAYMENT OF THE MEMBERSHIP FEES ON AN INSTALLMENT BASIS; AND III) TO TRY TO PREVENT INJURY TO APPLICANTS BY BEING AWARE OF ANY HEALTH CONDITIONS THAT COULD AFFECT THEIR PARTICIPATION. BY SIGNING THIS APPLICATION, I AGREE TO ALLOW UNITED BRAZILIAN JIU-JITSU TO COLLECT, USE AND DISCLOSE MY PERSONAL INFORMATION FOR THESE PURPOSES.

<p>Signature: X</p> <hr/>	<p>Date:</p> <hr/>
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