

TEAM ELITE MARTIAL ARTS
DEVELOPMENT
SUMMER CAMPS

CAMP SCHEDULE

FRIDAY

4:30PM DROP OFF
6PM ARRIVAL & CAMP SETUP
7PM DINNER
9PM EVENING SNACK & CAMP FIRE

SATURDAY

7AM MORNING RUN
8AM BREAKFAST
9AM SEMINAR #1
11AM ACCOMODATION CHECK IN
12PM LUNCH
2PM SEMINAR #2
4PM CANOEING
6PM DINNER
7PM SURVIVAL CHALLENGE
9PM EVENING SNACK & CAMP FIRE

SUNDAY

7AM MORNING RUN
8AM BREAKFAST
9AM SEMINAR #3
10AM CAMP CLEAN UP
11:30AM SNACK
12 PM DEPARTURE
1PM PICK UP

ALPHA CAMP JUNE 23 - 25, 2023
BRAVO CAMP JULY 21 - 23, 2023
CHARLIE CAMP AUGUST 25 - 27, 2023

FUN ACTIVITIES

CANOEING
CAMP FIRE
SURVIVAL TRAINING
TENTING
SWIMMING
KNOT TRAINING
SCAVENGING
ORIENTEERING

KARATE SEMINARS FOR
SPARRING
KATA
WEAPONS
SELF DEFENSE

TEAM ELITE MARTIAL ARTS - SUMMER CAMP

REGISTRATION FORM

To register fill out (print or type) and return this application form with cash to Team Elite Martial Arts at
1047 Barton Street East Hamilton Ontario L8L 2E3 or teamelitemartialarts@gmail.com

Students Name:

Club/School Name:

Address:

Address:

City:

Prov:

PC:

City:

Prov:

PC:

Phone:

Email:

Phone:

Email:

Gender: Male or Female (circle one) Age: _____ Rank: (circle one) Novice - Intermediate - Advanced - Black Belt

I _____ give the above noted student to attending the following TEMA - Camps
Parent/guardian

Alpha Camp - Kata/Sparring/Weapons

Friday June 23rd - 25th, 2023

Cost: 200.00 by March 10th, 2023 - 225.00 by May 12th, 2023 - 250.00 After May 12th, 2023

Bravo Camp - Kata/Sparring/Self Defense

Friday July 21st - 23rd, 2023

Cost: 200.00 by April 14th, 2023 - 225.00 by June 16th, 2023 - 250.00 After June 16th, 2023

Charlie Camp - Kata/Sparring

Friday August 25th - 27th, 2023

Cost: 200.00 by May 12th, 2023 - 225.00 by July 14th, 2023 - 250.00 After July 14th, 2023

Transportation will be provided to and from Chippawa Creek Conservation Area.

74646 Regional Rd 45, Wellandport, ON L0R 2J0

Pick up and Drop off location is Westmount Recreation Center

35 Lynbrook Dr Hamilton Ontario L9C 2K6

Alpha Camp Fee: \$ _____ Bravo Camp Fee: \$ _____ Charlie Camp Fee: \$ _____

Total Camp Fee(s): \$ _____

I, _____, and my heirs, in consideration for my being allowed to participate in an activity held at, or on a Recreational facility or Conservation area, I hereby release the officers, employees and agents, the tournament organizers, the Shihan's school or Team Elite Martial Arts Limited or anyone involved in anyway with the Alpha, Bravo & Charlie Camps, from any liability for Damage to, or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur while participating at, or in a Recreational facility or Conservation area. I understand the risks of such participation, which include broken bones, strains, sprains and fatigue, to name but a few. I agree to abide by the posted safety rules, adhere to the wearing of appropriate clothing and safety equipment and to conduct myself in a safe and responsible manner. I attest and verify that I am physically fit to participate in thesis activities. I further understand that Team Elite Martial Arts Limited provides no medical coverage for these activities. Should I incur medical expenses, I understand that I am solely responsible for such costs. I also agree that any photos and videos taken of me during the tournament can be used by the tournament organized for publicity or promotion without compensation to me. I understand that [participation is voluntary and I freely choose to participate. I understand that Covid 19 Policies will be met and adhered to during the Camp event during my time of participation. I agree to have provided proof of Vaccination to participate in the Camp event if necessary.

I have read the above information thoroughly and voluntarily agree to the terms and conditions.

Parent Signature/Guardian (must be at least 18 years old) _____ Date _____

TEMA Summer Camp Accident Waiver and Release of Liability Form

I hereby give my permission for my child _____ to participate in the Team Elite Martial Arts Summer Camp Program.

I understand that camp activities could include play and outdoor activities around and near the Chippawa Creek Conservation Area and Westwood Elementary School grounds. Hikes and walks in the woods wherein there could be mosquitos, bees, ticks, poison ivy, and slippery and jagged surfaces among other dangers and risks. I also understand that my child may travel by school bus and/or personal vehicles to local sites and be walking along public paths and roadways. I also understand that outdoor activities may occur in the hot sun and in the rain. I agree to see that my child is appropriately attired for outdoor camp activities, and to provide insect repellent and sunscreen for my child to use at camp. I will not expect Team Elite Martial Arts or partners to provide these items. I give my permission for Team Elite Martial Arts camp leaders to apply or assist with the application of the repellent and sunscreen I provide.

In the event of illness, injury, and/or accident, I authorize the camp instructor or any Team Elite Martial Arts employee to act on my behalf. They may approve any and all non-emergency or emergency treatment and are authorized to sign any and all medical release or required form(s) on my behalf. In the event of an emergency, I understand that I will be notified of the situation as soon as practicable. I agree to pay any necessary expenses not covered by Team Elite Martial Arts incurred in the medical treatment of my child, including, but not limited to all transportation costs to and from a medical facility, and, if necessary, transportation to my home or medical facility of choice.

I understand that Team Elite Martial Arts may, in its sole discretion, dismiss any camp participant for inappropriate, disrespectful, or dangerous behavior at any time. I hereby agree to pay for all transportation costs. In this event, I understand that I will not receive a refund of camp fees for unattended days. If my child breaks or damages any property as a result of their direct or indirect behavior, I hereby agree to pay for its repair or replacement.

I understand that the risks associated with camp activities could result in injury and/or death to my child. I hereby assume these risks and, knowing them, hereby give my child permission to participate. I understand that Team Elite Martial Arts is not liable for any injuries or other occurrences due to indoor and outdoor camp activities or related risks, and/or the actions or omissions of Team Elite Martial Arts camp counselors, volunteers, employees, trustees, directors, officers, or any other entities being released.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern the actions and responsibilities at said activity.

In consideration of my application and permitting my child to participate in this activity, I hereby:

WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the Team Elite Martial Arts, its trustees, officers, employees, camp counselors, volunteers, entities or other persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to them including their traveling to and from this activity;

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Team Elite Martial Arts Limited, its trustees, officers, employees, volunteers, or other entities or persons released from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I understand that while participating in this activity, my child may be photographed. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. Team Elite Martial Arts, its Trustees, directors, officers, and all its employees, acting officially or otherwise are hereby released from any and all claims, demands, actions, or causes of action on account of any injury to my child that may occur. This release binds my heirs, executors, administrators, and/or assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly)

Age

Parent/Guardian Printed Name (Please print legibly)
(If under 18 years old, Parent or Guardian must also sign)

Parent/Guardian's Signature

Date

TEAM ELITE MARTIAL ARTS

STUDENT EMERGENCY MEDICAL INFORMATION FORM

Excursion Location: Chippawa Creek Conservation Area

Date(s) of Excursion Circle One: June 23-25, 2023. July 21-23, 2023. August 25-27, 2023

To be completed by the parent/guardian:

Surname: _____ First Name: _____ Middle Name: _____

Date of Birth: _____

In the event of an emergency during this excursion, please list in order of priority who should be contacted:

Name	Relation (e.g.: parent, uncle, friend)	Preferred Contact Telephone #	Alternate Contact Telephone #	Pickup Student Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical Information required for this excursion to be used by Teacher/Supervisors:

Allergies: _____ Life Threatening: Yes No

_____ Epipen: Yes No

Other Medical Conditions/Restrictions/Limitations: _____

Are there any medical concerns/specific instructions related to this excursion (please attach additional information if necessary): _____

FOR OUT OF PROVINCE/COUNTRY EXCURSIONS ONLY

Medical Insurance Provider: _____ Policy Number: _____

Provider Contact Telephone: _____ Proof of Coverage: Yes No

Consent of Parent/Guardian

I/We understand that in the event of a medical emergency, while on the excursion, medical officials can authorize emergency medical care. This would apply when a serious condition exists and the Team Elite Martial Arts and medical officials have been unable to contact the parents/guardians.

Parent/Guardian Signature: _____ Date: _____

Information on this form is collected under the legal authority of the Education Act and in accordance with the Municipal Freedom of Information and Protection of Privacy Act [MFIPPA]. It will be used only in the event of an accident or illness of the student attending the excursion. Questions or concerns should be directed to Team Elite Martial Arts Head Instructor.