



# SPRING BREAK CAMP

MARCH 9-13 2020  
AGES 4-12  
9:00-5:00PM



- Daily Schedule for Spring & Summer Camps
- **9am:** Drop Off
- **9:15-10am:** Jiu-Jitsu
- **10-10:15am:** Snack Break
- **10:15-11am:** Game Time
- **11-Noon:** Fitness/Agility
- **Noon-1pm:** Lunch (SACK LUNCH REQUIRED)
- **1-1:45pm:** Jiu-Jitsu
- **1:45-2:15pm:** Game Time
- **2:15-3pm:** Kickboxing Fundamentals (No Sparring)
- **3-4:30pm:** NERF WARS

GOLDEN TRIANGLE JIU-JITSU  
409-679-3161

PATRICKHEADBJJ@GMAIL.COM

605 N.TWIN CITY HWY  
NEDERLAND, TX 77627

**WEEKLY MEMBER RATE - SPACE IS LIMITED!**

**\$175 PER CHILD**

Camper Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Male  Female E-mail \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Child's Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

StreetAddress \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian First \_\_\_\_\_ Last \_\_\_\_\_  Ms.

Mrs.  Mr.  Other

StreetAddress \_\_\_\_\_

\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Emergency Contact Information Emergency

Contact #1 First Name \_\_\_\_\_

Last Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Camper

\_\_\_\_\_ Emergency

Pick up authorization Only the following person, include parents if applicable, are authorized to pick up my child(ren). They will be asked to provide identification. If anyone else will be picking up my children, I will send a note, signed by me, to the Atos Jiu-jitsu Texas LLC. Please Read policy on late fees for picking up students after closing in the parent manual.

Allergic Reactions:

Any activity or dietary restrictions:

Please Read Carefully 1. I understand that 1. Program payment is not transferable from one participant to neither another, nor one program to another. 2. I understand that Atos Jiu-jitsu Texas LLC does not administer over the counter medication. In the event of an emergency in which I cannot be contacted, Emergency Medical Staff and Atos Jiu-jitsu Texas LLC may take appropriate action to best serve the interest of my child. 3. This application is made with the express understanding that Atos Jiu-jitsu Texas LLC is not responsible for any sickness or injury that the applicant may receive while in attendance at the Atos Jiu-jitsu Texas LLC After School Program or Camp. 4. Effective discipline permits a child to learn appropriate behavior from the consequences which result from inappropriate action. We try to set limits, help children understand the rules, and give clear definitions of acceptable and unacceptable behavior. The Atos Jiu-jitsu Texas LLC reserves the right to dismiss any child who becomes disruptive and or unresponsive to our methods of discipline during the program. 5. I also give my permission for photographs taken of my children during summer camp programs and activities to be used Atos Jiu-jitsu Texas LLC promotional material without thought of remuneration. Signature:

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

PAYMENT INFORMATION: CC# \_\_\_\_\_ EXP. DATE \_\_\_/\_\_\_

3 DIGIT CODE: \_\_\_\_\_ ZIP CODE ASSOCIATED WITH CARD: \_\_\_\_\_