



MATI CLUBS FRIDAY FITNESS FUNDAYS 2020 DAY CAMP APPLICATION

(1 application per student please)

DATE, DATES ATTENDING: _____

FULL DAY (8:00AM-5:00PM, \$50) _____

AM SESSION (8:00AM-12:15PM, \$30) _____

PM SESSION (12:45PM-5:00PM, \$30) _____

Today's Date: _____

Student's Name: _____ Age: _____ DOB: _____

Parents/ Legal Guardian: _____

Address: _____

City, State, Zip: _____

Cell Phone/ **Best** reach number during camp: _____

Email: _____

In consideration for my attendance and participation in this academy's DAY CAMP, I, the student/ parent/ legal guardian, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve NOMAD Aquatics and Fitness, MATI Clubs, MATI, its management, assigned staff, and fellow students, from any liability resulting in personal injury or loss of personal belongings. I also hereby state that the students named above are physically fit to take the prescribed course of instruction and do so of their own free will for an agreed upon fee. **I understand there is a NO REFUND POLICY on any monies I will pay to this academy or representative of said academy.** A parent or legal guardian signature is required if the student is under the age of 18.

Parent/ Guardian Signature: _____

PLEASE LIST ANY FOOD ALLERGIES/ MEDICAL CONCERNS: _____

YOU MAY PAY ONLINE VIA THE WEBSITE: WWW.MATICLUBS.COM, CLICK ON ENROLLMENT AT TOP OF PAGE, DROP DOWN BOX, CLICK PAYMENT

PLEASE MAKE CHECK PAYABLE TO: MATI CLUBS
(CASH, DEBIT/ CREDIT CARD ALSO ACCEPTED)