

Youth Camp – Santa Barbara, CA - ☐ June 20th-24th ☐ \$250 member ☐ \$350 non member
Important: Fill in ALL Information Completely

Camper Name _____ **Parent/Guardian Name** _____

Address _____

City _____ **State** _____ **Zip** _____ **Telephone Number** Home

(_____) _____ Work (_____) _____ **E-Mail** _____

Birth Date (MM/DD/YY) ____/____/____ **School** _____

Address _____ **City** _____

State _____ **Zip** _____

Height _____ **Weight** _____ **Gender** M F (PLEASE CIRCLE)

T-Shirt Size: YS YM YL YXL S M L XL XXL

Past Camper? NO YES: Year _____

Camp attended _____

Contract of Camp Application: I recognize that there are dangers inherent in the sport of wrestling and Jiu Jitsu and its training elements, and agree to assume all risks related to my child's participation. I release, waive, discharge and covenant not to sue Paragon Academy of Santa Barbara, its Instructors and staff, Paragon Camps and its staff, owners, employees, and agents from any and all claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to my child, whether caused by the negligence of the employees, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted. I hereby grant Paragon Jiu Jitsu and Kickboxing Camps the right to use photographs, video images and/or other media of my child for advertising, publicity and/or other commercial purposes. *By signing below I acknowledge that I have read, understand and accept the above contractual agreements.

Parent/Guardian Signature _____

Date ____/____/____

Applicant's Signature _____

Date ____/____/____

Payment Method: A NON-REFUNDABLE deposit is due with your application (\$100.00)

Check – Amount _____ Check # _____

Credit Card – Amount: _____ (PLEASE CIRCLE) VISA / MasterCard / Discover Card #

Exp. Date

Cardholder Name (PLEASE PRINT)

Cardholder Signature

Thank You. You will receive verification of receipt of your application within 10 business days. Mail Form to:

Paragon Academy – 617 N. Salsipuedes, Santa Barbara, CA 93103

Phone: 805-730-1927 - Fax: 805-963-0902