

# J.P. Wood Martial Arts America

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## THANKSGIVING BREAK

# “NERF CAMP 2024”

**Nov. 26<sup>th</sup> & 27<sup>th</sup>**

**Tues & Weds, 9:30 am to 2:30 pm**

**Choose to attend one or two days**

**This camp is for ages 8 -16 yrs. old**



### ARE YOU READY TO TEST YOUR NERF SKILLS?

*This will be an awesome camp!*

- Target, accuracy, quickness, and agility practice,
- Team tactics and giant nerf battles with obstacles await you.
- All equipment provided including nerf guns & goggles.  
(campers can bring their own goggles if they wish).

**Campers bring packed lunch and drink each day.**



## REGISTRATION

**Camp Fee:** \$ 89 for two days, \$45 for one day.

**Participants:** Minimum 10, Maximum 20

Child # 1: Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Child # 2: Name: \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_ . Work / Cell Phone #: \_\_\_\_\_

Parents' Names: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel: \_\_\_\_\_

Payment is made by :  Cash  Check  Credit Card. No Refunds after Nov. 19<sup>th</sup>.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature: \_\_\_\_\_

### RELEASE & MEDICAL INFORMATION:

Does your child/children have any medical problems, allergies, or physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please detail

By its very nature, martial arts classes and summer camp activities involve body contact, substantial physical exertion, physical exercise and/or use of equipment which represents a certain risk to the user. It is recommended that you check with your physician prior to or your child(ren) participating. In consideration of your acceptance into J.P. Wood's Martial Arts America's summer camp, you hereby expressly waive and discharge any and all rights, actions, claims or lawsuits for damages against J. P. Wood's Tae Kwon Do Centers, Inc., d/b/a J.P. Wood's Martial Arts America, its instructors, agents and/or assigns, arising out of any participation in any activities through them. The undersigned acknowledges that he or she has read this Release Form and expressly understands the contents thereof.

\_\_\_\_\_  
Date: \_\_\_\_\_ X \_\_\_\_\_  
Parent or Guardian's Signature