



CJR MARTIAL ARTS

SUMMER CAMPS 2024

21735 Shellhorn Road #130 Ashburn, VA 20147 | Phone: 703-723-2525 | Email: mrchris@cjrmartialarts.com

WEEK 1: JUNE 17-21

WEEK 4: JULY 22-26

WEEK 2: JUNE 24-28

WEEK 5: AUG. 5-9

WEEK 3: JULY 8-12

WEEK 6: AUG.19-21(3 DAYS)

Cost:

\$269/Full Day Week | \$169/Half Day Week | \$59/Single Full Day | \$39/Single Half Day (SIBLINGS 10% OFF)

Schedule:

Full Day: Drop Off 7:30am-9:00am/Pick Up 4:00pm-6:00pm (Students may stay for classes)

Half Day: (Morning) Drop Off 7:30-9:00am/Pick Up 12:00pm-1:00pm | (Afternoon) Drop Off 12:00pm-1:00pm/Pick Up 4:00pm-6:00pm

Field Trips: TBD (all entry fees paid by parents)

Apparel: Gi Pants, CJR T-Shirts, & Belt

(Parent) Name: _____ (Student) Name: _____

Age: _____ Belt Level: _____ Allergies*: _____

P#W: _____ P#H: _____

Email: _____

*Please give all EPI Pens to Mr. Chris in a labeled container

Emergency Contacts + Phone #:



venmo



Waiver. [Parent] Student acknowledges that martial arts involves physical contact and other activities which may cause injury to [his/her child] Student while participating in martial arts, whether [the child] Student is participating in CJR or elsewhere (including other locations operating under the trade name CJR Martial Arts) including tournaments. [Parents] Students hereby assumes all risks of physical and mental injury [to his/her child] and waives any and all claims and/or causes of action against CJR Martial Arts, LLC., its officers, agents, employees, volunteers, and/or insurance carriers for any physical or mental injury of whatever nature. However, should any liability be imposed upon the aforementioned entities of persons, notwithstanding such waivers and releases, it is expressly agreed that the amount of liability shall be limited to the monetary value of the Program Purchased or \$2,000, whichever is greater. Furthermore, [Parent] Student waives any and all claims, whether in tort, contract or otherwise, against Christopher Redford or any employees of CJR in their individual capacity. Parent/Student hereby represents that [his/her child] Student is physically and mentally fit to participate in martial arts and represents that [the child] Students has had and passed a complete physical examination by a licensed physician within the past twelve (12) months from the date of Agreement. FURTHERMORE, ALL MARTIAL ARTS EQUIPMENT USED AT THE STUDIO MUST BE PURCHASED THROUGH CJR. However, CJR does not warranty the safety or adequacy of the protective equipment sold or used at CJR. [Parent] Student also represents that he/she will maintain health insurance coverage throughout the term of the program [for his/her child].

Signature (Parent or Student) Date:

Credit Card Info:
Name on Card: _____
Card #: _____
Exp: _____ CVV: _____ Zip: _____
Amount: \$ _____