



2019 Summer Registration Form, Ages 4-13

*Please email this form and the Medical Forms to Glenn Rodriguez at grod@grapplingorillas.co to confirm your child's registration. Questions: 917-273-1931



DATES: JUNE 24th – 28th

TIME: Drop-off begins at **8:30**, pickup is at **3:00** On Friday, there is no lunch (we end at noon). Students bring lunch. A snack is provided.

LOCATION: Our interim location, *Next Evolution*. 1786 3rd Avenue (at 99th Street).

Daily Checklist:

- A Nut free Lunch
- Shorts or sweatpants
- Socks and sneakers
- Wrestling Shoes (included in registration if available. There is a replacement fee of \$50 for lost shoes)

10% of net proceeds will go to NYC Wrestling Not-for-Profits



Wrestler's Name, Grade, DOB, and School

Parent Name and Address

Home Phone _____

Cell Phone _____

Email _____

Emergency Contact Name & Phone

Allergies/Required Medication

How did you learn about us?

COST OF CAMP: \$850.


**For sibling discounts, please visit our camp page.*

SHIRT SIZE (One included in registration)

XS, S, M, L (or adult size) _____

SHOE RENTAL (Included in registration, depending on availability) **Shoe size** _____

PAYMENT OPTIONS:

-  , or
- A check payable to **Grapplin' Gorillas**

Total: \$ _____

Parent/Guardian: I hereby give permission for my child to participate in **Grapplin' Gorillas**. I acknowledge that there are certain risks inherent with participation in any sport and that injury may occur. I hereby release and discharge **Grapplin' Gorillas**, the facility (Next Evolution), and any of the **Grapplin' Gorillas** coaches from any and all liability, claims, and demands of any sort arising from any injury sustained by my child consequent to his participation in **Grapplin' Gorillas**. I authorize **Grapplin' Gorillas** to administer medical first aid or hospitalization and hold harmless **Grapplin' Gorillas** from any responsibility for such rendered. I also grant **Grapplin' Gorillas** permission to use any images taken for promotional purposes.
Parent Signature and Date:



• *Next Evolution Martial Arts* •

• 1786 3rd Ave. NY, NY 10029 • 212.828.5678 • www.nemmaa.com •

Injury Waiver

In consideration of being allowed to participate in any way at Next Evolution Martial Arts Academy programs or it's related to events and activities, I the student or the parent of the student acknowledge, appreciate and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE ORDINARY NEGLIGENCE OF THE RELEASEES, AGENTS, EMPLOYEES or others, and assume full responsibility for my participation OR MY CHILD'S PARTICIPATION: and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presences or participation, I will remove myself from participation bring such to the attention of the Company immediately; and, understanding that this at times maybe a contact activity, such as football, soccer, wrestling and other sports, I acknowledge that there is a possibility of injury as in any other contact sport.
- 4) I, for myself AND my child, and on behalf of my heirs, assigns, personally representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Mullero Kaizen Do LLC, their officers, (dba) Next Evolution Martial Arts Academy agents and/or employees, other participants, owners and lesser of premises used for the activity ("releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE, RECKLESSNESS OR INTENTIONAL ACTS OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law. I the undersigned, and by signing of this waiver assume full responsibility for any injury that may occur.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I REPRESENT AND WARRANT TO THE COMPANY THAT I HAVE THE AUTHORITY TO SIGN THIS RELEASE BOTH FOR MYSELF AND AS A PARENT AND GUARDIAN OF MY CHILD, THE STUDENT.

Child First & Last Name (PRINT) _____

Parent/Legal Guardian First & Last Name (PRINT) _____

Parent/Legal Guardian Signature _____

Date ____/____/____