

**MARTIAL ARTS  
FUN CAMP**

**IMPACT**  
FAMILY MARTIAL ARTS

**JULY 30TH - AUG 3RD**  
DROPOFF 8:30 AM - 9:00 AM  
PICKUP 2:30 - 3:00 PM

**At The Grove by the River**  
**840 Hollander Street • Newark**

**(740) 345-8833 More Info Online at [impactdojo.com](http://impactdojo.com)  
or visit [www.thegrovebytheriver.com](http://www.thegrovebytheriver.com)**

**JUJITSU • JUDO • KICKBOXING • KRAV MAGA • KARATE • SHOTOKAN**

## **Return Completed Application**

Impact Family Martial Arts | (740) 345-8833  
1056 Mount Vernon Road, Newark, Ohio

Family is welcome and encouraged to attend.



**Get Text Updates  
About Camp!**  
  
 TEXT the word TUFF  
To the number 31996

**GENERAL INFORMATION**

Enjoy a week with daily fitness classes (PT), recreation time, and martial arts including breakout sessions in Jujitsu, Karate, Judo, Kickboxing, and Krav Maga. Campers earn a special camp belt for exploring the fundamentals of each martial art and demonstrate their skills in a belt graduation ceremony.

**SCHEDULE AND SUPPLIES NEEDED**

<b>Every Day</b>	<b>Bring</b>	<b>DO NOT Bring</b>
	<ul style="list-style-type: none"> <li>● Athletic Shoes</li> <li>● Socks</li> <li>● Sweat Towel</li> <li>● Sun Screen</li> <li>● Water Bottle to Refill</li> <li>● Sack Lunch</li> </ul>	<ul style="list-style-type: none"> <li>● Cell Phone or Tablets</li> <li>● Snacks with Nuts</li> <li>● Toys</li> </ul>
<b>Monday</b>	<b>Ninja Warrior Day</b>	
<b>Tuesday</b>	<b>Jump Kick Gymnastics Day</b>	
<b>Wednesday</b>	<b>Water World Day</b>	
	<ul style="list-style-type: none"> <li>● Bathing Suit with T-Shirt</li> <li>● Water Shoes or Sandals</li> <li>● Large Towel</li> </ul>	<ul style="list-style-type: none"> <li>● Dry Clothing</li> <li>● Grocery Bag for Wet Clothing</li> </ul>
<b>Thursday</b>	<b>Nerf Wars Day</b>	
	<ul style="list-style-type: none"> <li>● Nerf Gun</li> <li>● Lots of Nerf Ammunition</li> </ul>	<ul style="list-style-type: none"> <li>● Sun Glasses or Safety Glasses</li> </ul>
<b>Friday</b>	<b>Camp Graduation Day</b>	
	<ul style="list-style-type: none"> <li>● Parents, Please Join Us at 1:30 pm for Camp Graduation</li> </ul>	

**When?** July 30 – August 3, 2018

**Who Can Participate?** Children Aged 5 Years through 16 Years

**Location?** The Grove by the River, 840 Hollander Street, Newark

**Time?** Drop off 8:30 am – 9:00 am Pickup 2:30 – 3:00 pm

**Cost?** \$145 When You Enroll Before July 1st.  
\$200 After July 1st. Last Day to Enroll is July 23, 2018.

**Early Drop Off?** Drop off as early as 7:30 am for \$5 per day, preregistration required.

**Late Pickup?** Pick up as late as 4:00 pm for \$5 per day, preregistration required.



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**PARTICIPANT INFORMATION**

Participant Name:		
Birth Date:	Age:	Gender:
Last Grade Completed: K 1 2 3 4 5 6 7 8 9 10 11 12		
Email Address:		
Mailing Address:		
City:	State:	Zip Code:
Cell Phone: (     )     )	Home Phone: (     )     )	
Allergies:		
Special Needs:		
Medications:		
<i>Staff and volunteers are not permitted to administer medication. This information is for emergency medical information only.</i>		
Sunscreen:		
<input type="checkbox"/> I permit day camp staff to apply sunscreen to my child.		
<input type="checkbox"/> I DO NOT permit day camp staff to apply sunscreen to my child.		

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name:		
<i>Complete Below If Different From Participant</i>		
Email Address:		
Mailing Address:		
City:	State:	Zip Code:
Cell Phone: (     )     )	Home Phone: (     )     )	



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**EMERGENCY CONTACT INFORMATION**

Emergency Contact 1:	
Relationship to Participant:	
Cell Phone: (        )	Home Phone: (        )

Emergency Contact 2:	
Relationship to Participant:	
Cell Phone: (        )	Home Phone: (        )

**APPROVED PICK-UP PERSONS**

Pick-up Person 1:	
Relationship to Participant:	
Cell Phone: (        )	Home Phone: (        )
Driver License or State ID Number: <i>To Verify Identification Upon Pick-up</i>	

Pick-up Person 2:	
Relationship to Participant:	
Cell Phone: (        )	Home Phone: (        )
Driver License or State ID Number: <i>To Verify Identification Upon Pick-up</i>	

**PUBLIC RELATIONS CONSENT**

I consent to the use of any photographs or any other visual or audio reproduction, including internet use in which the participant may appear by the employees, representatives, or agents of Licking/Knox Goodwill Industries, Inc. and The Grove by the River and any community partners. I understand that these materials are being used for promotion of future summer day camps, Licking/Knox Goodwill Industries, Inc. and The Grove by the River.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_





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**MARTIAL ART EXPERIENCE**

What specifically would you like your child to accomplish in our martial arts program?	
School: _____	
Grade: _____	Teacher: _____
Type of Student: <input type="checkbox"/> Honor <input type="checkbox"/> Average <input type="checkbox"/> Needs a Little Help <input type="checkbox"/> Adult/Not in School	

Please Label each column in order of importance for your child. 1 = Most Important to 4 = Least Important			
<b>Self-Confidence</b> Self Esteem Assertiveness Pride	<b>Physical Fitness</b> Weight Control Strength & Flexibility Coordination	<b>Self-Discipline</b> Concentration Self-Control Integrity	<b>Self-Defense</b> Safety Confidence Awareness
#	#	#	#

**RELEASE OF LIABILITY**

In consideration for my attendance and participation in the martial arts training offered by Black Belt Academies and Impact Family Martial Arts, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all risks. I further relieve the school, it's management, assigned staff, and fellow students from any liability resulting from loss, whether personal belongings, or bodily injury. I also hereby state, that myself or my child is physically fit to take the prescribed course of instruction and do so of my own free will in exchange for an agreed upon fee. I understand there is a no refund policy of any monies I will pay Black Belt Academies and Impact Family Martial Arts.

Name of Participant: \_\_\_\_\_

Name of Parent/Guardian  
 If Participant is Under 18 years: \_\_\_\_\_

Signature of Participant or  
 Parent/Guardian if Under 18 years: \_\_\_\_\_

Date: \_\_\_\_\_