

**Fight Back Summer Camp Registration Form**  
**Leman Academy**  
**6188 E. Pima St.**  
**Tucson, AZ 85712**

Please complete one registration form per student and upload to  
<https://www.fightbackllc.org/registerastudent> or email to [fightbacktkd@gmail.com](mailto:fightbacktkd@gmail.com)  
Submit payment online at "Make a Payment" or bring a check on the 1<sup>st</sup> day of camp.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent Email: \_\_\_\_\_

School: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

All known allergies: \_\_\_\_\_

All Previous injuries: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

I \_\_\_\_\_ (PARENT/LEGAL GUARDIAN) hereby grant permission for \_\_\_\_\_ (student name) to participate in all "Fight Back Summer Camp" (Fight back, L.L.C.) activities. I acknowledge and recognize that there are risks and dangers, both seen and unseen, known and unknown, which may be associated with participation in Fight Back Summer Camp (Fight Back, L.L.C.) and participation can result in serious bodily injury or significant disabilities. After being fully informed of the risks and dangers, and having a full and fair opportunity to independently assess the risks and dangers, I freely consent to \_\_\_\_\_ (student name) participation in Fight Back Summer Camp (Fight Back, L.L.C.). I fully appreciate and understand the risks associated with participation in Fight Back Summer Camp (Fight Back, L.L.C), both known and unknown, foreseeable and unforeseeable, and hereby agree to forever waive and release Fight Back Summer Camp (Fight Back, L.L.C.) and all its employees, agents, assigns, independent contractors from any responsibility, liability, or obligation in the event of an accidental injury, disability, or death. I attest that \_\_\_\_\_ (student name) has no preexisting physical condition that would prevent full participation in the activities engaged in by Fight Back Summer Camp (Fight Back, L.L.C.). By signing below you are acknowledging to the above terms and information and agreeing to pay tuition and fees as determined by Fight Back L.L.C.

\_\_\_\_\_  
Parent/Guardian Signature

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

\_\_\_\_\_  
Parent/Guardian Printed Name MINOR (CHILD)

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

**PHOTO RELEASE FORM**

I, \_\_\_\_\_, [Parent/Guardian] the parent or legal guardian of \_\_\_\_\_ [Child] grant Fight Back LLC.

(DBA “Taekwondo Club”) my permission to use the photographs described as tracking attendance and member account establishment on Kicksite and fightbackllc.org and for any legal use, including but not limited to: attendance, copyright purposes, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian’s Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian’s Printed Name: \_\_\_\_\_

Student’s Name: \_\_\_\_\_