

**Registration For Sleep Over**

**Traditional Shaolin Kung Fu LLC.**

\_\_\_\_\_  
1) Participant's Name

\_\_\_\_\_  
2) Participant's Name

\_\_\_\_\_  
3) Participant's Name

\_\_\_\_\_  
4) Participant's Name

\_\_\_\_\_  
Parent's Name

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

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_

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

I understand and agree that Traditional Shaolin Kung Fu LLC. will not be held liable for any injuries, damages, etc., NOT caused by or resulting from the negligence of the owners, operators, persons in charge of such establishment, or their employees.

I authorize and empower Daniel Mattson, Owner of Traditional Shaolin Kung Fu LLC., to consent to any medical treatment that above named participant may require. Any hospital, doctor, nurse, or any other medically related person or institution, may perform any necessary medical service upon the participant, relying upon Daniel Mattson's consent as though it were my own consent.

X \_\_\_\_\_  
Parent or Legal Guardian

Each participant needs to bring a sleeping bag, pillow, comfortable clothes, their own snacks, and anything else they may need. Please put all of the belongings in one bag for each individual participant with their named attached. Any medication should be labeled with the dosage/instructions and given directly to an instructor. We have a refrigerator available, if any medication needs to be kept cool.

Each participant MUST be picked up by 8:30am Saturday.