

Waldorf Martial Arts

2017 Kids Sport Karate Summer Camp

June 19th to August 25th

CAMP CORE HOURS 9:00 AM TO 4:00 PM

Before Care opens at 6:30 am and After Care closes at 6:30 pm



Activities Include:

- + 2 martial arts lessons daily
- + 2 field trips weekly: Pool, Local Parks, Chuckie Cheese, Pump It Up, Family Place to Play, Calvert Marine Museum, Elite Gymnastics
- + Crafts, cooking projects, games & much more!!!!

DATE OF APPLICATION: _____

STUDENT'S NAME _____ M/F B-DAY _____ AGE _____

PARENTS/GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP _____

BEST PHONE # TO REACH YOU IN AN EMERGENCY _____
(Circle: work, home, cell)

E-MAIL ADDRESS _____

WHO IS ALLOWED TO PICK YOUR CHILD UP FROM CAMP?

NAME	RELATIONSHIP	PHONE #
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_____	_____	_____
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WHO IS **NOT** ALLOWED TO PICK UP YOUR CHILD?

_____ (Name) _____ (Relationship)

CHILD'S LAST NAME _____ FIRST NAME _____

FEE SCHEDULE

Daily*Rate – (2x only) \$40.00 1st child/ \$30 add'l children (Includes Before Care/After Care & Field Trips)

Single Rate -- Registration Fee + \$160.00/Week (INCLUDES Before /After Care & Field Trips)

Family Rate** -- Registration Fee + \$260.00/Week (INCLUDES Before/After Care & Field Trips)

*1 or 2 days is available for daily rate, 3 days is considered a full week. Field Trip Days add'l \$5

**Family includes 2 children – Each additional child \$90.00 per week

One Time Registration Fee (includes 1 camp shirt) \$60

Family Registration Fee (includes 1 camp shirt for each child) \$99

SPECIAL: Sign Up and Pay in Advance for all 10 weeks PAY ONLY \$99.00/Week + Registration Fee

Does NOT include Before/After Care + \$30.00 per week

Non Refundable Registration Fee + First Week MUST be paid at time of registration to guarantee spot in camp!

T-Shirt Size _____ Received _____ Add'l T-Shirts available \$20 _____

AMT	BC/AC	TOTAL	AMT	BC/AC	TOTAL
June 19 _____	_____	_____	July 24 _____	_____	_____
June 26 _____	_____	_____	July 31 _____	_____	_____
July 3 _____	_____	_____	Aug 7 _____	_____	_____
July 10 _____	_____	_____	Aug 14 _____	_____	_____
July 17 _____	_____	_____	Aug 21 _____	_____	_____

BC Drop off Time _____

AC Pick up Time _____

TOTAL WEEKLY AMT DUE \$ _____ + BC/AC \$ _____ + REG. FEE \$ _____ = GRAND TOTAL \$ _____

DEPOSIT \$ _____ DATE PD & METHOD _____ WEEKLY AMOUNT DUE _____

OF WEEKS ATTENDING _____. Additional weeks may be added.

Payment in full is required on the first day of each week. _____
(Initials)

REFUND POLICY

All money (excluding registration fee) will be refunded if request is made in writing and received by Waldorf Martial Arts **3 weeks** prior to the start of the camp. **50%** of money will be refunded if the request is made in writing and received by us **2 weeks** before the start of camp. **30%** will be refunded if written request is received **1 week** before the start of camp. There will be NO refunds once camp session has started. _____ (initial)

CHILD'S LAST NAME _____ FIRST NAME _____

Release Form for Waldorf Taekwondo Academy, Inc.

I agree to allow my child to participate in the activities related to the martial arts sports camp including transportation for various local field trips. I agree to allow my child to participate in these programs knowing that safety precautions will be taken. I do hereby release and hold harmless Waldorf Taekwondo Academy, Inc., its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised program activities. I also authorize Waldorf Taekwondo Academy, Inc. to take photographs of my child for promotional and/or educational purposes. I hereby state and declare that this information is freely, willingly, and voluntarily made.

Your signature acknowledges that you have read and understand the above statement.

Signature _____ Printed Name _____

Child(ren's) Name _____ Date: _____

IS CHILD(ren) COVERED BY A HEALTH INSURANCE POLICY? YES NO

Insurance Carrier _____

If NO please add \$14.00 to be covered by American Open Martial Arts _____paid

Additional Information

Please fill out attached Camper Health History Form

Please read and sign Camper Handbook

I have read and understand the rules and regulations of Waldorf Taekwondo Academy, Inc.
2017 Summer Camp Policies. Initial _____.



WMA CAMPER HEALTH HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact

(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact

(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? YES NO

YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? YES NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? YES NO

YES, List them: _____

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____