

# Waldorf Martial Arts

## 2020 Kids Sport Karate Summer Camp

June 16th to August 21st

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

Ages 6-12



Activities Include:

- ☺ 2 martial arts lessons daily.
- ☺ 2 field trips weekly: Pool, Local Parks, Sky Zone, Pump It Up, Calvert Marine Museum, Elite Gymnastics, Sport 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 #

\_\_\_\_\_  
NAME RELATIONSHIP PHONE #

WHO IS **NOT** ALLOWED TO PICK UP YOUR CHILD?

\_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)

2770 Old Washington Rd. [www.waldorfmartialarts.com](http://www.waldorfmartialarts.com)  
301-645-1650 e-mail [waldorfmartialarts@gmail.com](mailto:waldorfmartialarts@gmail.com)

1/14/20

CHILD'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

**FEE SCHEDULE**

REGISTRATION FEE

One-Time Registration Fee (includes 1 camp shirt) is \$75  
 Family One-Time Registration Fee (includes 1 camp shirt for each child) is \$99  
 Add'l T-Shirts available for \$20

WEEKLY RATE

Weekly \* Single Rate — Registration Fee + \$175.00/Week (INCLUDES Before /After Care & Field Trips)  
 – Each additional immediate sibling is \$125.00 per week.

**WHAT'S NEEDED TO GUARANTEE A SPOT IN CAMP!**

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

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.

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

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

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

**BC Drop off Time \_\_\_\_\_ AC Pick up Time \_\_\_\_\_**

WEEK	AMT	WEEK	AMT
# 1	June 16 _____	# 6	July 20 _____
# 2	June 22 _____	# 7	July 27 _____
# 3	June 29 _____	# 8	Aug 3 _____
# 4	July 6 _____	# 9	Aug 10 _____
# 5	July 13 _____	#10	Aug 17 _____

Number of Weeks Attending= \_\_\_\_\_ (Additional weeks may be added)

<b><u>FOR OFFICE USE ONLY</u></b>		
DEPOSIT \$ _____	DATE PD _____	METHOD _____
TOTAL WEEKLY AMT DUE \$ _____ + REG. FEE \$ _____ = GRAND TOTAL \$ _____		

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

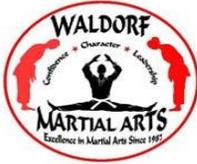
Insurance Carrier \_\_\_\_\_

**Additional Information**

Fill out attached Camper Health History Form

Read the WMA Camper Handbook. Then sign and return the enclosed receipt stating that you read the Camper Handbook

I have read and understand the rules and regulations of Waldorf Taekwondo Academy, Inc.  
2020 Summer Camp Policies. Initial \_\_\_\_\_.



## WMA CAMPER HEALTH HISTORY

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH INFORMATION:

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

YES, Explain: \_\_\_\_\_

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: Must list current residence above.

For campers who currently reside within the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?  YES  NO

YES, List: \_\_\_\_\_

For campers who reside outside the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

MDH-4768 (12/2017)

# Individual Membership Application

2019/2020

## MEMBERSHIP APPLICATION AGREEMENT, WAIVER & RELEASE OF LIABILITY, ASSUMPTION OF RISK, & PARENTAL CONSENT (WHEN APPLICABLE), INDEMNITY AGREEMENT & CODE OF

As a condition of my/the minor's membership in the Waldorf Taekwondo Academy, Inc., I agree to abide by the Bylaws, Articles of Incorporation, and all rules imposed by Waldorf Taekwondo Academy, Inc. I understand the nature of Martial Arts activities and acknowledge my/the minor's experience and capabilities and believe I/the minor am/is qualified to participate in such Activity. I further acknowledge that I am aware that Activity will be conducted in facilities open to the public during the Activity. I further agree and warrant that if, at any time, I believe conditions to be unsafe, I/or the minor will immediately discontinue further participation in the Activity. I/THE MINOR FULLY UNDERSTAND that: (a) Martial Arts Activities involve risks and dangers of serious bodily injury ("Risks"); (b) these Risks and dangers may be caused by my own action, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or the NEGLIGENCE of the "releases" named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I/THE MINOR fully accept and assume all such risks and all responsibility for losses, costs, and damages incurred as a result of my participation in the Activity. I/THE MINOR hereby release, discharge, covenant not to use, and agree to hold harmless American Open Martial Arts, Inc, any school, club or facility where the Activity may take place (each considered one of the "Releases" herein) from all liability, claims, demands, losses, or damages on account caused or alleged to be caused in whole or in part by the negligence of the "Release" or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my/the minor's or anyone on my/the minor's behalf makes a claim against any of the Releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney fees, loss liability, damage or cost that may incur as the result of any such claim. I have read this agreement, fully understand it terms, understand that I/the minor have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid, that the balance, notwithstanding, shall continue in full force and effect. As a member of Waldorf Taekwondo Academy, Inc., I shall conduct myself in a manner which will bring honor to oneself, to my Martial Arts school or studio, to the staff at WMA sanctioned events, to martial sports in general.

Members

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Birthday \_\_\_\_\_ Gender: \_\_ Male \_\_ Female  
(MM-DD-YYYY)

Club Name: Waldorf Taekwondo Academy, Inc. Club Code: 1118

Do you have Health and Accident Insurance \_\_ Yes \_\_ No

\_\_\_\_\_  
PRINT – NAME OF MEMBER

\_\_\_\_\_  
SIGNATURE OF MEMBER (IF UNDER 18- PARENT OR GUARDIAN)

\_\_\_\_\_  
DATE

301-645-1650 e-mail [waldorfmartialarts@gmail.com](mailto:waldorfmartialarts@gmail.com)

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