

Waldorf Martial Arts

2024 Kids Sport Karate Summer Camp

June 17th to August 9th (CLOSED 6/19 & 7/4)
CAMP CORE HOURS -- 9:00 AM TO 4:00 PM

Before Care opens at 7:00 am and After Care closes at 6:30 pm
Ages 6-12



Activities Include:

- ☯ 2 martial arts lessons daily.
- ☯ Weekly Field Trips: Pool, Local Parks, Pump It Up, Elite Gymnastics, Chuckie E Cheese, Action Jaxx Sport games, Weekly Pizza Party & much more!!!!

DATE OF APPLICATION: _____

1st STUDENT'S NAME _____ Male Female B-DAY _____ AGE _____

2nd STUDENT'S NAME _____ Male Female B-DAY _____ AGE: _____

PARENT/ GUARDIAN NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

BEST METHOD TO REACH YOU: PHONE, TEXT, OR E-MAIL

E-MAIL ADDRESS _____ CELL PHONE # _____

End of year expense reports will be sent to this address! Print clearly!

WHO IS ALLOWED TO PICK YOUR CHILD UP FROM CAMP?

NAME _____ RELATIONSHIP _____ PHONE # _____

NAME _____ RELATIONSHIP _____ PHONE # _____

2770 Old Washington Rd. www.waldorfmartialarts.com
301-645-1650 e-mail waldorfmartialarts@gmail.com rev: 2/5/24

1ST CHILD'S LAST NAME _____ FIRST NAME _____

2ND CHILD'S LAST NAME _____ FIRST NAME _____

FEE SCHEDULE**REGISTRATION FEE**

One-Time Registration Fee (includes 1 camp shirt & all field trips) \$75 (Additional children \$49 each)

WEEKLY RATE Weekly * Single Rate —\$215.00/Week (INCLUDES Before /After Care & Field Trips)

-Each additional immediate sibling is \$130 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 a spot in camp!****REFUND POLICY – Please be aware that you are financially responsible for all weeks you sign up for.**

All money (excluding registration fee) will be refunded if a 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 a spot in camp!**Payment in full is required on the first day of each week. _____ Initial****T-Shirt Size: Check appropriate size:****1st Child:**

Youth Small: Youth Medium: Youth Large: Youth X-Large: Adult Small: Adult Medium: Adult Large:

2nd Child:

Youth Small: Youth Medium: Youth Large: Youth X-Large: Adult Small: Adult Medium: Adult Large:

Add'l T-Shirts available \$20. HOW MANY ADDITIONAL DO YOU WANT?-- 1st child: 2nd child:

Before Care Drop off Time _____ AM**After Care Pick up Time _____ PM****WEEKS ATTENDING:** \$ AMOUNT TBP# 1 June 17
2 June 24
3 July 1
4 July 8**WEEKS ATTENDING**

\$ AMOUNT TBP

5 July 15
6 July 22
7 July 29
8 Aug 5

Number of Weeks Attending _____ (Additional weeks may be added)

FOR OFFICE USE ONLY

DEPOSIT \$ _____ DATE PD _____ METHOD _____

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

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1ST CHILD'S LAST NAME _____ FIRST NAME _____

2ND 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. **(Must be signed when you come in to our school.)**

Signature _____ Printed Name _____

Child(ren's) Name _____ Date: _____
1st child's name 2nd child's name

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

Insurance Carrier _____

Additional Information

Fill out attached Camper Health History Form

I have read and understand the rules and regulations of
Waldorf Taekwondo Academy, Inc. 2024 Summer Camp
Policies. Initial _____

2024 YOUTH CAMP HEALTH HISTORY
CAMPER

1st Child's Name: _____ 2nd Child's name: _____

Current Residence: _____ City/State/ZIP: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd 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? _____ NO _____ YES: Explain

Explanation

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? _____ NO _____ YES

Explanation:

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? _____ 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-- **Must be Signed when you come into our school.** Date

MDH-4768(12/2017)

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Individual Membership Application

2023/2024

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 PARENT OR GUARDIAN)

DATE

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