



Waldorf Martial Arts

2025 Kids Sport Karate Summer Camp



June 16th to August 15th (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, Elite Gymnastics, Chuckie E Cheese, Action Jaxx Sport games, Pizza Party, Movie Party & much more!!!!

DATE OF APPLICATION:

1st CHILD'S NAME Male Female B-DAY AGE

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

3rd CHILD'S NAME Male Female B-DAY AGE:

PARENT/ GUARDIAN NAME

STREET ADDRESS

CITY ZIP

BEST METHOD TO REACH YOU: PHONE TEXT E-MAIL

E-MAIL ADDRESS CELL PHONE #

WHO IS ALLOWED TO PICK YOUR CHILD(REN) UP FROM CAMP?

NAME RELATIONSHIP PHONE #

NAME RELATONSHIP PHONE #

2770 Old Washington Rd. www.waldorfmartialarts.com
301-645-1650 e-mail waldorfmartialarts@gmail.com rev: 2/5/25

1ST CHILD'S LAST NAME
 2ND CHILD'S LAST NAME
 3RD CHILD'S LAST NAME

1ST CHILDS FIRST NAME
 2ND CHILD'S LAST NAME
 3RD CHILD'S FIRST NAME

FEE SCHEDULE

ACTIVITY FEE

One-Time Activity Fee (includes 1 camp shirt & all field trips) \$99 (Additional children \$69 each)

WEEKLY RATE

Weekly * Single Rate —\$249.00/Week (INCLUDES Before /After Care & Field Trips)

Each additional immediate sibling is \$149.00 per week.

DAILY RATE – \$65 PER DAY FOR NON SPECIAL DAYS & \$80 FOR FIELD TRIPS

WHAT'S NEEDED TO GUARANTEE A SPOT IN CAMP!

A Non-Refundable Activity 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 the 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 a written request is received 1 week before the start of camp. There will be NO refunds once camp session has started.

Payment in full is required on the first day of each week. _____ **Initial Here**

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:

Received

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

3rd Child:

Received

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

Received

Add'l T-Shirts available \$20. HOW MANY ADDITIONAL DO YOU WANT?—

1st child 2nd child 3rd Child

Before Care Drop off Time		AM	After Care Pick up Time		PM
CHECK WEEKS ATTENDING <input type="checkbox"/>	AMT	CHECK WEEKS ATTENDING <input type="checkbox"/>	AMT	CHECK WEEKS ATTENDING <input type="checkbox"/>	AMT
# 1 June 16		# 4 July 7		# 7 July 28	
# 2 June 23		# 5 July 14		# 8 Aug 4	
# 3 June 30		# 6 July 21		# 9 Aug 11	

Number of Weeks Attending (Additional weeks may be added)

FOR OFFICE USE ONLY	DEPOSIT \$ _____	DATE PD _____	METHOD _____
TOTAL WEEKLY AMT DUE \$	+ ACTIVITY FEE \$ _____		= GRAND TOTAL \$ _____

1ST CHILD'S LAST NAME

1ST CHILD'S FIRST NAME

2ND CHILD'S LAST NAME

2ND CHILD'S FIRST NAME

3RD CHILD'S LAST NAME

3RD CHILD'S FIRST NAME

Additional Information Required

Fill out the enclosed: Swimming Ability & Sunscreen Consent Form
Camper Health History Form & Individual Membership Application
(One form each for each child registered)

I have read the entire Waldorf Taekwondo Academy Inc. 2025 Summer Camp Handbook AND I accept the terms and policies outlined in the Handbook.

Accept

Do No Accept

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.

[our signature acknowledges that you have read and understood the above statements.

Parent/Guardian's Signature

Printed Name

Date:

1st Child's Signature

2nd Child's Signature

3rd Child's Signature

More Names if needed:

SWIMMING ABILITY: Which of the following BEST DESCRIBES your child's/ childrens' ability in the water at the swimming pool? —**CHECK ONLY ONE BOX.**

1st Child's Name:

Requires a life jacket while in the water.

Is comfortable in the water and **does not require a life jacket** but should be **kept OUT of the deep end** of the pool.

Does not require a life jacket **AND may take the deep end swimming test** administered by the Charles County Lifeguard staff **AND swim in the deep end if he/she passes the swimming test.**

2nd Child's Name:

Requires a life jacket while in the water.

Is comfortable in the water and **does not require a life jacket** but should be **kept OUT of the deep end** of the pool.

Does not require a life jacket **AND may take the deep end swimming test** administered by the Charles County Lifeguard staff **AND swim in the deep end if he/she passes the swimming test.**

3rd Child's Name:

Requires a life jacket while in the water.

Is comfortable in the water and **does not require a life jacket** but should be **kept OUT of the deep end** of the pool.

Does not require a life jacket **AND may take the deep end swimming test** administered by the Charles County Lifeguard staff **AND swim in the deep end if he/she passes the swimming test.**

Parent/Guardian's Signature

Printed Name

Date

SUNSCREEN CONSENT FORM

The Office Environmental Health and Food Protection no longer considers sunscreen a medication requiring a prescriptive order. Appropriate sunscreen use is important to prevent skin damage and skin cancer in children. The Maryland Department of Health and Mental Hygiene and Waldorf Martial Arts encourage the appropriate use of sunscreen during summer camp activities. At the same time, sunscreen can cause allergic reactions in a small number of children, and parents must be involved in decisions regarding sunscreen use for their child(ren). Authorization by parent/guardian is needed for your child to have assistance to apply/use sunscreen. **Please provide your child's {children's} sunscreen in a Ziploc baggie with the child's name clearly written on the baggie and bottle of sunscreen.** In addition, please clearly mark the brand of sunscreen baggie. Waldorf Martial Arts Summer Sport Camp may supply sunscreen (Brand to be determined). Completion of the Sunscreen Consent Form releases Waldorf Martial Arts, its agents, employees, or representatives of any responsibility for any ill effects resulting from the administration of sunscreen or the omission of administration of sunscreen.

Which of the following BEST DESCRIBES your child's/children's ability to apply sunscreen at the swimming pool? —CHECK ONLY ONE BOX.

1st Child's Name:

Can apply his/her own sunscreen. No assistance from WMA staff is necessary.

WMA staff may assist my child in applying sunscreen.

2nd's Child Name:

Can apply his/her own sunscreen. No assistance from WMA staff is necessary.

WMA staff may assist my child in applying sunscreen.

3rd Child's Name:

Can apply his/her own sunscreen. No assistance from WMA staff is necessary.

WMA staff may assist my child in applying sunscreen.

Parent/Guardian's Signature

Printed Name

Date

EMERGENCY CONTACT INFORMATION

1st Child's Name	2nd Child's Name	3rd Child's Name
Current Residence	Current Residence	Current Residence
Emergency Contact	Emergency Contact	Emergency Contact
Parent or Legal Guardian	Parent or Legal Guardian	Parent or Legal Guardian
Phone	Phone	Phone
(Parent or Legal Guardian (Other than Parent Above):	(Parent or Legal Guardian (Other than Parent Above):	(Parent or Legal Guardian (Other than Parent Above):
Phone	Phone	Phone
Primary Care Physician or other provider of medical care:	Primary Care Physician or other provider of medical care:	Primary Care Physician or other provider of medical care:
Phone:	Phone:	Phone:

HEALTH INFORMATION:

1st Child's Name	2nd Child's Name	3rd Child's Name
Are there any health conditions including physical, psychiatric, or behavioral problems of which we need to be aware? NO YES: 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: 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/Guardian's Signature

MDH-4768(12/2017)

Date

Individual Membership Application

2024/2025

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

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 the 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, and to martial sports in general.

Members:

1st Child's First Name: Middle Name: Last Name

2nd Child's First Name: Middle Name: Last Name

3rd Child's First Name: Middle Name: Last Name

Address: City: State: Zip

Home Phone: Cell Phone: E-Mail Address

Birthday 1st Child Gender: Male Female

(MM-DD-YYYY)

Birthday 2nd Child Gender: Male Female

(MM-DD-YYYY)

Birthday 3rd Child 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

Parent/Guardian's Signature

DATE

2770 Old Washington Rd. www.waldorfmartialarts.com
301-645-1650 e-mail waldorfmartialarts@gmail.com rev: 2/5/25