Waldorf Martial Arts
2026 Kids Sport Karate Spring Break Camp

March 30th to April 3rd. Closed Easter Monday, April 6th .

CAMP CORE HOURS -- 9:00 AM TO 4:00 PM
Before Camp Arrival opens at 7:00 am and After Camp Pickup closes at 6:30 pm

Single Camper Rate: $199.00 Each Additional Camper: $120.00
Campers Rate includes Before Camp Early Drop Off and After Camp Pickup

DATE OF APPLICATION: _____

1st CHILD'S NAME: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Male___ Female___ B-DAY_____ AGE ___

2nd CHILD'S NAME: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Male___ Female___ B-DAY_____ AGE ___

PARENT/ GUARDIAN NAME _____

STREET ADDRESS_____

CITY _____ ZIP _____

E-MAIL ADDRESS _____

PHONE NUMBERS: MOBILE_____ HOME_____ WORK_____

BEST PHONE NUMBER TO REACH YOU MOBILE___ HOME___ WORK___

WHO IS ALLOWED TO PICK YOUR CHILD UP FROM CAMP?

NAME: _____ RELATIONSHIP: _____ Phone: _____

NAME: _____ RELATIONSHIP: _____ Phone: _____

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. **Immediate notice will be given for irreconcilable differences and expulsion will occur! No refunds of tuition will be permitted.**

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

_____ _____ _____
Printed Name Signature Date:

OFFICE USE ONLY: Amount Due: _____ Date Paid:_____ Pymnt Type: _____

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