

# Spring / Summer Camp Program

## Enrollment Registration Form

**Child Information:**

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Home Address: \_\_\_\_\_

**Parental Information:**

Parents Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Information**

In case of emergency contact: \_\_\_\_\_ . Phone \_\_\_\_\_  
 Relation: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**FULL DAY CAMP (Cost only \$159.00 / Week)**

**HALF DAY CAMP (cost only \$129.00 / Week)**

(09am to 03pm for Full time students)

(09am to 12pm or 12pm to 03pm for half day students)

WEEK	PERIOD	CHECKUP	PAYMENT
WEEK 1	JUN 14 - JUN 17	( )	
WEEK 2	JUL 19 - JUL 22	( )	
WEEK 3	AUG 09 - AUG 12	( )	

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WEEK 1	JUN 14 - JUN 17	( )	
WEEK 2	JUL 19 - JUL 22	( )	
WEEK 3	AUG 09 - AUG 12	( )	

**We require a notice form your physician stating that the above student(s) is in adequate physical health to participate in our Martial arts Summer Program.**

I agree to waive any and all claims against persons connected with Yong In Martial Arts Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise. I understand that Yong In Martial Arts Academy reserves the right to remove any child from the program and Yong In Martial Arts Academy is not responsible for personal property lost or stolen while members and/or program participants are using Yong In Martial Arts Academy's facilities or on premises. I give permission to the Yong In Martial Arts Academy to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Yong In Martial Arts Academy programs. This also serves as specific permission to transport your child to and from the facility for Tae Kwon Do. I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the Yong In Martial Arts Academy. I agree to adhere and abide by the policies of Yong In Martial Arts Academy.

Fee: 4 Full-Days \$159.00 -4 Half-Days (Ends @ 12 p.m.) ..... \$129.00

1 Day : \$79.00 2 Day: \$109.00 3 Day: \$129.00 4 Day: \$ 159.00

Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_