

**FIRST CAMP JUNE 26 - 30,
LAST CAMP AUGUST 14 - 18**

Camp begins at 9:00 am

DO NOT LEAVE CHILDREN OUTSIDE THE DOJO! –even if other kids or minor age Black Belts are waiting outside. The only acceptable drop off is to an adult instructor inside the dojo.

Camp ends at 2:00 pm

The latest pick up time is 2:10 pm. There will be a charge of the Half Day After Care (\$25) rate in any event of late pick up.

(If campers attend different sessions, please use separate forms for each)

Camper(s) Information

Child 1 _____ Grade in Fall 17 _____

Child 2 _____ Grade in Fall 17 _____

Child 3 _____ Grade in Fall 17 _____

Parent(s) Information

Parent 1 _____

Relationship to Child/Children _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Parent 2 _____

Relationship to Child/Children _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Child/Children live with Both parents together Both parents separately
 Parent 1 only Parent 2 only

Emergency Contact

Name _____

Relationship to Child/Children _____

Home Phone _____ Cell Phone _____

Work Phone _____

Person Authorized to Pick Up Your Child or Children Anytime (Other than Parents)

Name(s) _____

Medical Information

Health Insurance Company _____

Policy No(s) _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Please list all allergies, and any dietary restrictions.

Camp Dates (Check Appropriate)

- Session 1 (June 26 - 30)
- Session 2 (July 3 - July 7)*
- Session 3 (July 10 - 14)
- Session 4 (July 17 - 21)
- Session 5 (July 24 - 28)
- Session 6 (July 31 - August 4)
- Session 7 (August 7 - 11)
- Session 8 (August 14 - 18)

* 4 Days Camp. Independence Day Week.

Payment Information

No. of Session(s) _____ x No. of Child/Children _____ x \$295 = \$ _____

After Care (days) _____ x No. of Child/Children _____ x \$25 = \$ _____

Total Amount \$ _____

After care: \$25 per day until 6 pm

If after care is needed, students must be signed up for the extended time PRIOR to the first week of registered the camp. The fees for after care will be charged to your preferred credit care at the end of the registered week. (Initial) _____

By Check (Make Check Payable to **West America Tae Kwon Do**)

By Credit Card VISA MasterCard

Name on Card _____ Exp Date _____ / _____

Card Number _____ - _____ - _____ - _____ CVS _____

