

Attached Payment Check Here

WEST AMERICA TAE KWON DO
SUMMER CAMP
2022 REGISTRATION FORM

FIRST CAMP JUNE 13 - 17,
LAST CAMP AUGUST 8 - 12

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 FOR LATE PICK UPS.



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

Camper(s) Information

Child 1 _____ Grade in Fall 20 _____

Child 2 _____ Grade in Fall 20 _____

Child 3 _____ Grade in Fall 20 _____

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 13 - 17) Session 6 (July 18 - 22)
- Session 2 (June 20 - 24) Session 7 (July 25 - 29)
- Session 3 (June 27 - July 1) Session 8 (August 1 - 5)
- Session 4 (July 5 - 8)* Session 8 (August 8 - 12)
- Session 5 (July 11 - 15) * 4 Days Camp. No camp on July 4.

Payment Information

No. of Session(s) ____ x No. of Child/Children ____ x \$365 = \$ _____

Total Amount \$ _____

Early Bird (register before 3/15/22):

\$325 per person

After care: \$15/hour (subject to availability)

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

By Credit Card VISA MasterCard

Name on Card _____ Exp Date ____ / ____

Card Number _____ - _____ - _____ - _____ CVV _____



Return this form with check to:
West America Tae Kwon Do, 70 Lomita Drive, Mill Valley, CA 94941

For more information, visit www.westamericatkd.com
OR call (415) 383-4755