

FIRST CAMP JUNE 14 - 18,
LAST CAMP AUGUST 9 - 13

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 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 14 - 18) Session 6 (July 19 - 23)
- Session 2 (June 21 - 25) Session 7 (July 26 - July 30)
- Session 3 (June 28 - July 1) Session 8 (August 2 - 6)
- Session 4 (July 6 - 9)* Session 9 (August 9 - 13)
- Session 5 (July 12 - 16) * 4 Days Camp. No camp on July 5.

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: After care may be available upon request.
Please inquire for pricing and 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 _____

