

KIM'S KARATE SUMMER CAMP ENROLLMENT FORM 2017

STUDENT NAME: _____
 Address: _____ City: _____ St: _____ Zip: _____
 Date of Birth: _____
 Father's Name: _____ Mother's Name: _____
 Phone: (W) _____ Phone: (W) _____
 Phone: (H) _____ Phone: (H) _____
 Pager or Cell: _____ Pager or Cell: _____
 In case of emergency contact (other than someone listed above),
 NAME: _____ Phone: _____
 Relation to Student: _____
 Family Physician Name: _____ Phone: _____
 Insurance Company Name: _____ Phone: _____ Policy: _____

We require a notice from your physician stating that the student named above is in adequate physical health to participate in our karate program. I agree to waive any and all claims against persons connected with Kim's Karate. I understand by signing below that my child will be participating in camp field trips including swimming. Should I not wish for my child to participate in a specific activity, I will send written notice of such at least one week in advance so as alternate arrangements may be made. This should also serve permission to have your child transported and to receive any and all emergency health care attention needed if in this case a situation does arise. As we are aware, very young children are prone to mishaps. Although we will give every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your specific permission to transport and have your child treated by a professional care giver/physician, etc. Kim's Karate reserves the right to remove any child from the program. This is for the safety and well being of all students and staff. Should your child not be in attendance, payments are still due. Each student will accrue 1/2 week of free tuition every 6 months, this is to accommodate vacations, etc. and applies only to full time participants. We will be closed July 4, 2017. Late pick up and payment fees are in effect. Kim's Karate and its staff are not responsible for items brought to or left at the facility.

Date: _____

Parent Signature

REGISTRATION FEE: \$50 includes T-shirt, Bag, and Waterbottle
FIELD TRIP FEE: \$200. or \$30. Per week
CAMP FEE: \$169. Per Week

WEEKS AVAILABLE

Week 1: 6/19 - 6/23
Week 2: 6/26 - 6/30
Week 3: 7/3 - 7/7
Week 4: 7/10 - 7/14
Week 5: 7/17 - 7/21
Week 6: 7/24 - 7/28
Week 7: 7/31 - 8/4
Week 8: 8/7 - 8/11
Week 9: 8/14 - 8/18
Week 10: 8/21 - 8/25
Week 11: 8/28 - 9/1

SWIMMING

I acknowledge that Kim's Karate will be taking my child swimming. I understand that there are alternative things for my child to do in the event of illness, fear, or inability to swim.

My child's abilities regarding swimming are as follows:

- _____ No experience but wading is fine
- _____ No experience, find an alternative activity
- _____ Experienced swimmer

I will alert a representative of the center of an illness or other event that may arise to prevent my child from swimming for a given amount of time.

X _____
 Parent Signature Date

Automatic Payment. Credit Card Only. (Attach a copy of imprint of card)

Account Number: _____ Exp. Date: _____

Signature of Account Holder Date

CANCELLATION POLICY. Any cancellation request received by 04/01/17 will receive a full refund of weekly payment, a 25% cancellation fee will be applied to all requests received after 04/01/17. We require a four week written notice to cancel after 04/01/17.

Activity Fee's and Registration Fee's are not refunded under any circumstance.