

# KIM'S KARATE SUMMER CAMP ENROLLMENT FORM 2021

STUDENT NAME: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN (Parent): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 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 5, 2021. 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.

X \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature

**REGISTRATION FEE: \$30 includes T-shirt**

**FIELD TRIP FEE: \$20. Per week**

**CAMP FEE: \$250. Per Week**

WEEKS AVAILABLE	
<input type="checkbox"/>	Week 1: 6/21 - 6/25
<input type="checkbox"/>	Week 2: 6/28 - 7/2
<input type="checkbox"/>	Week 3: 7/6 - 7/9
<input type="checkbox"/>	Week 4: 7/12 - 7/16
<input type="checkbox"/>	Week 5: 7/19 - 7/23
<input type="checkbox"/>	Week 6: 7/26 - 7/30
<input type="checkbox"/>	Week 7: 8/2 - 8/6
<input type="checkbox"/>	Week 8: 8/9 - 8/13
<input type="checkbox"/>	Week 9: 8/16 - 8/20
<input type="checkbox"/>	Week 10: 8/23 - 8/27
<input type="checkbox"/>	Week 11: 8/30 - 9/3

## 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 04/01/21 will receive a full refund of weekly payment, a 25% cancellation fee will be applied to all requests received after 04/01/21. We require a four week written notice to cancel after 04/01/21.

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