



US-K Martial Arts SUMMER CAMP 2017

POLICY AND PROCEDURE

About Registration: Camp registration is processed on a first- come basis. Registration must be submitted prior to your first week of camp participation. **Registration begins Jan 4, 2017.**

Registration Fee is \$50 per child and is only required once per summer camp year. Financial assistance is not available to this fee. Registration fees and all other camp fees/ deposits are non-refundable (no exceptions).

Camp Fees: Full day service is from 7:30am -6pm. You may drop off your child after 7am in the mornings. The fees vary depending on the deadlines and are listed below. All weekly balances must be paid in full by the start of each camp week. Camp fees cover costs of all activities, any additional transportation, and field trips. Drop in rates are available for \$69 half day and \$99 full day. These rates are per day and includes field trip fee for that day. A registration fee is not required for the drop in rate.

Camp T-shirts are \$15 per shirt and must be worn everyday to camp in order to be visible to the camp counselors when going on field trips/activities. We require at least 2 additional shirts be purchased per camper as we go on field trips frequently. **Carowinds season pass is required of each camper in order to participate in the Carowinds weekly field trips.** We will go to Carowinds starting the first session, so please be sure your child has his/her pass with them when they arrive at camp in the morning. Please have card made prior to camp starting; DO NOT bring vouchers.

Extra Service: Late pick up

Late Pick up after 6:00pm= \$15 per week

SESSION DATES:

CAMP REGISTRATION DEADLINES:

Full Day	Registration Deadline
185	Jan 31, 2017
195	Mar 31, 2017
205	May 31, 2017
215	June 30, 2017
245	July 1, 2017

(These are per week/per camper rates. Deadlines have no exceptions)

Select your sessions:	Session:	Dates:
	Week 1	May 30 (29 th is a holiday)
	Week 2	June 5
	Week 3	June 12
	Week 4	June 19
	Week 5	June 26
XXXXX	XXXXXXXX	No Camp 7/3-7/7
	Week 6	July 10
	Week 7	July 17
	Week 8	July 24
	Week 9	July 31
	Week 10	Aug 7
	Week 11	Aug 14

How to Register: Fill out the Application Form AND waiver form. Bring or mail completed forms with your appropriate deposit to our headquarter location: US-K Martial Arts, 11930 Providence Rd West Suite C1 Charlotte, NC 28277. Once we process your application we will email or call you to confirm your child's camp participation. *Forms without a valid email address and phone number will not be processed.*

Camp Packet: The camp information contains important information such as camp schedule, times for drop off and pick up, list of things campers need to bring etc. The information packet will be emailed to you about 2 weeks prior to the first session of camp. We have converted to electronic method of communication.

*****Proceed to following pages for application form*****



SUMMER CAMP APPLICATION

! This entire form must be completed in order to be registered!

Select your sessions:	Session:	Dates:
	May 30 (29 th is a holiday)	
	June 5	
	June 12	
	June 19	
	June 26	
	No Camp 7/3-7/7	
	July 10	
	July 17	
	July 24	
	July 31	
	Aug 7	
	Aug 14	
Full Day Service		<input type="checkbox"/> 7:30am-6pm

STAFF USE ONLY: Registration Fee: \$50 Method: _____ PD Camp Info Packet sent: Yes/ No T-Shirt given: Yes/ No Qty: _____ Carowinds Pass Purchased: Yes/ No Date Submitted: Weekly Rate: # of Weeks: Notes:

Extra service: optional \$15 per wk	<input type="checkbox"/> Late Pick up after 6pm
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CAMPER INFORMATION

Child Name: _____ Age: _____ Sex: M / F

Highest Grade Level completed: _____ Swim level: (Circle one) Non-Swim / Beginner / Intermediate / Advanced

Child's T-Shirt Size: (Circle one) Youth S / Youth M / Youth L / Adult S / Adult M / Adult L

Carowinds Season Pass: (Circle one) Silver / Gold (must have a pass prior to first session) 8 Digit Quick Code: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent INFORMATION

Mother's Name: _____ Father's Name: _____

Cell Phone #: _____ Cell Phone #: _____

Additional Phone #: _____ Additional Phone #: _____

Primary E-mail Address: _____ (must be valid to process registration)

Credit Card Information: (must be completed to process registration)

Card Type: _____ (American Express not accepted) Card Number: _____

Expiration Date: (Month/Year) ____/____ Zip Code: _____ CVV: _____

In the event a nonpayment by the due date, I authorize my credit card to be charged for the amount due plus late fees.

Initial here X: _____

Person(s) Authorized to pick up child or Contact in Case of Emergency:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Release for Emergency Care

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child (Full Name) _____ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

MEDICAL HEALTH NOTIFICATION

Does the participant(s) require Medication: Yes___ No___ If yes, Who: _____

Medicine: _____ Dosage: _____ Time/Frequency: _____

Prescribing Doctor: _____ Phone #: _____

PHYSICIAN'S NAME/HEALTHCARE FACILITY

Child's Allergies: _____

Child's Medications: _____

Other Health

Concerns/Conditions: _____

Physician Name/Facility: _____ Phone # _____

Health Insurance Company: _____ Policy #: _____

ACTIVITY/PROGRAM FIELD TRIP LIABILITY RELEASE/AUTHORIZATION: I hereby give permission for the applicant(s) to participate in all program activities, including field trips in vehicles and agree to release US-K Martial Arts, its employees, and staff from all liability arising from any accident/harm/injury by the participation of my child(ren) in the program stated above. Parent/legal guardian understands that accidents and/or injuries could occur during activities and is willing to accept any and all risks involved with having their child/children attend camp at *US-K Martial Arts*. By way of copy of this form, I authorize the staff and employees of US-K Martial Arts to obtain medical/hospital treatment for the above participant in the event of an emergency. The undersigned for the purpose of enjoying the benefits of instruction agrees to the below conditions and agrees to pay fees as described in the payment agreement. It is understood and agreed that any tuition/fees/payments should not be returned to the enrollee/parent/guardian for any reason. I willingly agree to obey the instructions in all ways, and it is understood and agreed that this Center shall not be liable for any damages or injuries from lessons. The enrollee understands that there is a risk of personal injury involved in said course of instruction and with this knowledge agrees to indemnify and save harmless the Center from all losses caused by accident or injury to the enrollee or to third persons who may be enrollees by the Center, in the event that either the enrollee or said third person is injured in any way during the proper performance and execution of martial arts instruction. Because of the physical demands of martial arts instruction, enrollee understands that he or she must be in good physical condition to participate in said instruction and hereby certifies that he or she is in good physical condition. I pledge never to use the knowledge gained at this Center except to protect the well being of the defenseless of myself. I, the undersigned, upon being permitted to join, will obey the rules, and will endeavor to conduct myself in a manner of a student in my daily life and in class, and will never do anything to bring disgrace upon the Center. I understand and accept that I may be photographed or videotaped during class, testing etc, for advertisements, commercials, etc. for the use of the Center. I give consent for my child to leave US-K Martial Arts site, participate in authorized trips and to ride in authorized vehicles for the purpose of transportation in connection with the US-K Martial Arts Camp. I verify that the information provided by me on this form is both accurate and complete, I understand there are no refunds and I understand and agree to comply with the rules and regulations herein described.

I understand that all payments are non-refundable. No Exceptions. Sorry

Parent / legal guardian Signature: _____ Date: _____

This waiver section must be signed before registration process can be completed. No Exceptions will be allowed.