



## USK Martial Arts SUMMER CAMP 2018

About Registration: Registration begins Feb 1, 2018.

Camp registration is processed on a first- come basis. Registration must be submitted prior to your first week of camp participation.

Registration Fee is \$50 per child 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). 1 camp T-shirt is included with registration.

Camp Fees: Full day service is from 7:30am -6pm. You may drop off your child *after* 7am in the mornings. Fees vary depending on the deadlines and are listed below. Payment due at the start of each week. Camp fees cover costs of all activities, class, material, transportation, and field trips.

Drop in rates: \$99 full day per day and includes field trip fee for that day. Registration fee is not required for the drop in rate.

Camp T-shirts are \$15. You will be required to purchase 2 additional shirts for daily field trips and personal hygiene. Students are required to wear camp T-shirt every day to be visible when going on field trips/activities.

Carowinds season pass is required to participate in the Carowinds weekly field trips. We will go to Carowinds starting the first session, be sure your child has his/her pass when they arrive in the morning. **DO NOT BRING VOUCHERS/PAPER COPY.** We will only accept the actual season pass card.

Extra Service: Late pick up

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

Must be picked up by 7pm

### CAMP REGISTRATION DEADLINES:

Full Day	Registration Deadline
185	Mar 31, 2018
195	April 31,2018
205	May 31, 2018
215	June 30, 2018
225	July 1, 2018

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

### SESSION DATES:

Session:	Dates:
Week 1	May 29 (28 <sup>th</sup> is a holiday)
Week 2	June 4
Week 3	June 11
Week 4	June 18
Week 5	June 25
xxxxxxx	<b>No Camp 7/2-7/6</b>
Week 6	July 9
Week 7	July 16
Week 8	July 23
Week 9	July 30
Week 10	Aug 6
Week 11	Aug 13

How to Register: Fill out the Application Form AND waiver form. Bring or mail completed forms with your appropriate deposit to our headquarter location: USK Martial Arts, 11930 Providence Rd West Suite C1 Charlotte, NC 28277. Once we process your application we will send email confirmation. *Forms without a valid email address and phone number will not be processed.*

Camp Packet: The camp information contains information such as camp schedule, times for drop off and pick up, list of items campers need to bring etc. The information packet will be emailed to you 2 weeks prior to the 1st 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 29 (28 <sup>th</sup> is a holiday)	
	June 4	
	June 11	
	June 18	
	June 25	
	No Camp 7/2-7/6	
	July 9	
	July 16	
	July 23	
	July 30	
	Aug 6	
	Aug 13	
<b>Full Day Service</b>		<b>7:30am-6pm</b>

**STAFF USE ONLY:**

Date Submitted: \_\_\_\_\_

Registration Fee: \$50 Method: \_\_\_\_\_ PD

Camp Info Packet sent: Yes/ No

1<sup>st</sup> T-Shirt given: Yes/ No Qty: \_\_\_\_\_

Weekly Rate:

# of Weeks:

Notes:

Staff Initial: \_\_\_\_\_

Extra service: optional \$15 per week

Late pick up after 6pm

### 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 Qty ordered: \_\_\_\_\_

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: \_\_\_\_\_

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.**