



Martial Arts Studio Summer Karate Camp Registration 2010

General Camper Information

Camper's Last name: _____ First name: _____

Date of Birth: _____ Age: _____ Grade as of Sept. 2010: _____

Height: _____ Weight: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Email: _____

Mother's Full Name: _____ Cell #: _____

Father's Full Name: _____ Cell #: _____

Emergency Contact (not a parent): _____

Telephone # _____ Email: _____

How did you hear about us? _____



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Camp Registration

- ___ June 21 - 25... Ninja Week
- ___ June 28 - July 2... Samurai Week
- <<NO Karate Camp July 5-9>>
- ___ July 12 - 16... Karate Kid Week
- ___ July 19 - 23... Knight Week
- ___ July 26 - 30... Ninja Week
- ___ August 2 - 6... Samurai Week
- ___ August 9 - 13 Karate Kid Week
- ___ August 16 - 20... Knight Week
- <<NO Karate Camp August 23-27>>

$$\underline{\hspace{2cm}} \quad \times \quad \$ \underline{\hspace{2cm}} \quad = \quad \$ \underline{\hspace{2cm}}$$

Total # of weeks Amount Total tuition (*Can be paid weekly)

Tuition:

A non-refundable \$50.00 Down Payment is required to hold spots. This down payment will be applied to your weekly fee.

	<u>Non-Member Fee</u>	<u>MAS Member Fee</u>
Register for 1-3 weeks:	\$207/week	\$187/week
Register for 4-6 weeks:	\$195/week	\$175/week
Register for 7-8 weeks:	\$180/week	\$160/week

Family Discount:

Families who enroll with more than one child receive a 5% discount for each child enrolled in the same week of camp.

Late Stay Options:

"Bonus Afternoon Class" – If parents are unable to pick up their camper by 4:00pm, the camper can attend a BONUS martial arts class at 4:15 for NO ADDITIONAL COST. All campers however, must be picked up immediately after that class by 5:15pm.

"Extended Care" – If parents are unable to pick up their camper by 5:15pm, they can extend their camper's stay until 6:00pm for an additional \$7.00 per day.

I understand and agree to the terms/conditions above _____
(Parent's or guardian's signature)



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Health History

Please list any physical limitations and/or medical conditions (allergies, asthma, sight impairment, etc.)

Please complete the following:

Currently under a physician's care for: _____

Current medications being taken: _____

Please list any other important information that we should know regarding your child's physical health:

Can your child swim? YES _____ NO _____

Signature of Parent or Guardian

Date