

***OFFICE ONLY** CAMPER NAME:

AGE:

M / F

FULL #1

#2

#3

#4

#5

#6

DAY

M

T

W

TH

F

2023' SUMMER CAMP APPLICATION FORM

IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED.

CAMPER INFORMATION

MEMBER

NON-MEMBER

CAMPER NAME #1: FIRST LAST D.O.B MM/DD/YY AGE : M/F

CAMPER NAME #2: FIRST LAST D.O.B MM/DD/YY AGE : M/F

ADDRESS: CITY: POSTALCODE:

MAIN CONTACT

FIRST NAME: LAST NAME: GENDER: M F

CONTACT #: CONTACT #2 : RELATIONSHIP

SECONDARY CONTACT/ALTERNATE

FIRST NAME: LAST NAME: GENDER: M F

CONTACT #: CONTACT #2 : RELATIONSHIP

REGISTERED CAMP DAYS

CAMP OPTIONS

DAILY - \$89 + HST

WEEKLY - \$329 + HST

FULL CAMP - \$1,650 +HST

PLEASE SELECT WHICH CAMPS YOU ARE REGISTERING YOUR CHILD FOR:

FULL WEEK CAMP

WEEKLY CAMPS

WEEK # 1 (JUL 10~JUL 14) WEEK # 2 (JUL 17~JUL 21) WEEK # 3 (JUL 24~JUL 28)

WEEK # 4 (AUG 14~AUG 18) WEEK # 5 (AUG 21~ AUG 25) WEEK # 6 (AUG 28~ SEP 1)

DOES YOUR CHILD NEED LATE PICK UP? YES NO

➤ We only allow children to stay when there is a guardian with a them. If not, Extra Care Fee \$15 per day will be applied from 4:15pm.

MEDICAL INFORMATION

✓ Is the participant under any form of treatment for an illness, condition or injury?
 No Yes _____

✓ Does your child have any medical or behavioral conditions that we should be aware of?
 No Yes _____

✓ Does your child take any medication on a regular basis?
 No Yes _____

✓ Does your child use a puffer?
 No Yes

✓ Carries Epi-pen:
 No Yes (for: _____)

ALLERGIES:

- None
- Peanut Tree nuts Egg Milk Insect Stings Seasonal Latex Medication
- Other: _____

DIETARY NEEDS OR RESTRICTIONS (PLEASE PROVIDE DETAILS BELOW):

- None Gluten free Lactose intolerant Vegetarian Other _____

CAMP PAYMENT

CAMP FEES \$ _____ SUBTOTAL
 \$ _____ TAX \$ _____ TOTAL \$ _____ NOT PAID PAID CSH CHQ
 DBT CC

*** EXTRA CARE FEES WILL BE CHARGED THE LAST DAY OF THE EACH WEEK WITH CASH ONLY.**

TERMS AND CONDITIONS

REFUNDS & TRANSFER & CANCELLATIONS

PLEASE NOTE THAT ALL CANCELLATIONS AND CHANGES ARE SUBJECT TO THE POLICIES BELOW, WITHOUT EXCEPTION.

REFUND POLICY

- All cancellations must be made e-mail to kbbma.info@gmail.com or letter to the Black belt Martial Arts Office.
- Refunds, \$25.00 administrative charge per child/per week, will be issued for all camp session cancellations up to 2 weeks prior to the first day of a camp session.
- Refunds, if you cancel the camps 1 week prior to the first day of camp session, 50% of camp fees will be issued.
- Refunds for medical reasons are available only upon presentation of a doctor’s certificate to Black Belt Martial Arts Office.
- Pro-rated refunds are NOT available for days absent, or other services not fully utilized. The full camp’s fees are due and payable if a child is registered and attends any part of a session.

TRANSFER POLICY

- All transfer requests must e-mail to kbbma.info@gmail.com or letter to the Black Belt Martial Arts office.
- All transfers will be subject to a mandatory \$25.00 administrative charge for each transfer for each child.
- Requests for transfers will be accepted up to 2 weeks prior to the first day of a camp session, provided there is sufficient room in the preferred camp session.

CONDITIONS OF ENROLLMENT

Master Kang’s Black Belt Martial Arts reserves the right to terminate the stay of any camper when it is understood to be in the best interest of either the child or the camp.

I hereby release Master Kang’s Black Belt Martial Arts from all claims for damages arising from any accidents or injury which are caused during normal play from participation of the camper named herein during any program, in any facility, or at any location where a program is being held.

I hereby give permission for said camper to participate in all camp activities and trips (fully supervised) both on and off camp property. I hereby give camp directors full authority to act on my behalf in case of an emergency.

I have read and I understand the above conditions of enrollment and hereby agree to all terms and conditions in this application.

I / We certify that I / We have read both sides and understand the terms of this agreement and agree to abide by such terms and acknowledge receipt of a true copy of this agreement. I / We acknowledge and understand that this agreement is not based on usage and that I / We are bound to the terms.

Signature of Parent/Guardian _____ **Date** _____/_____/20____