

World Martial Arts Center
2018 SPECIAL CHILDREN'S SUMMER DAY CAMP REGISTRATION FORM

(Open to current students, beginners & the general public)

Parent's Name: _____ SSN: _____
Phone: Home () _____ Work () _____ Cell () _____
Address: _____
e-mail: _____

Student's Name: 1. _____ 2. _____ 3. _____
Date of Birth: 1. ___/___/___ Age: _____ 2. ___/___/___ Age: _____ 3. ___/___/___ Age: _____
Martial Arts Experience: Years of Training _____ Present Rank _____ Type: _____

Emergency Contact Name and Phone: _____
Health Condition (list all): _____

Have you been hospitalized in the last three years? Yes / No

If yes, then please explain: _____

Do you have any medical problems such as epilepsy, diabetes, high blood pressure, or asthma?

If yes, then please explain: _____

FEE SCHEDULE: Register for _____ sessions (circle the dates below)

Session(s) 1 ----- May29-June1st 2.-----June 4-8 3.-----June 11-15 4.-----June 18-22 5.-----June25-29
6.-----July 2nd -6 7.-----July9-13 8.-----July 16-19 9.—August 13-17 10. 12.-----Aug20-24

Total Camp Fee: _____ (# weeks) x \$ _____ (weekly rate) = \$ _____ (Total)
*Registration Fee of \$45 (includes uniform) required for all non-WMAC members

Visa/Master Card: # _____ Exp. Date: ___/___

Amount: \$ _____ Name on Card: _____ Auth Signature: _____
Check _____ (Please make checks payable to World Martial Arts Center)

** Note – No refund after registration form is submitted, however substitutions are permitted.

Consent and Release Form

I, the undersigned member, hereby acknowledge that I am aware of the strenuous physical activity involved in the participation of the Children's Summer Day Camp given by the sponsors. I hereby consent to hold the sponsors free of any and all liability, claims, or actions whatsoever, arising from any injuries, accidents, illnesses, etc., due to the attendance of the World Martial Arts Center's Special Summer Day Camp. I hereby consent to allow the sponsors to take such actions as is necessary to contact and provide emergency medical assistance.

The undersigned hereby enrolls my child for the Special Children's Summer Day Camp.

The undersigned for the purpose of enjoying the benefits of instruction agrees to the below conditions:

1. I pledge to take care at all times to avoid injury to my fellow classmates and myself.
2. I pledge to never use the knowledge gained from the Special Children's Summer Day Camp except to protect the honor of the defenseless and myself.
3. I understand that I must stay with my team at all times and will contribute to the team spirit as well as help my team unite as a group.

I, the undersigned, upon being permitted to join the Special Children's Summer Day Camp, will obey the rules, will endeavor to conduct myself in the manner of a student in Tae Kwon Do in my daily life and in class, and will never do anything to bring disgrace upon the art. I am fully capable of understanding and reading English, and have answered everything truthfully and completely. I hereby swear that I will faithfully fulfill my duty.

**It is understood and agreed that payments will be due and paid as scheduled.

Signature: _____ Date: _____
(parent / legal guardian)

Bring or mail this registration form to:
Warrenton Martial Arts Center
608 Blackwell Rd.
Warrenton, VA 20186

540-347-7266

We can only accept a limited number of students.

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