

2018' Master Seo's DYNAMIC TAEKWONDO SUMMER CAMP

DATE : *Full Day* *Full Week* *#1 (Jul 9-13)* *#2 (Jul 16-20)* *#3(Jul 23-27)* *#4 (Aug 13-17)* *#5(Aug 20-24)*
Half Day *Full Week (Morning/Afternoon)* *#1 (Jul 9-13)* *#2 (Jul 16-20)* *#3(Jul 23-27)* *#4 (Aug 13-17)* *#5(Aug 20-24)*
 Day by Day : Week # _____ *Mon* *Tue* *Wed* *Thu* *Fri* **Field Trip Payment \$_____**

Name of Camper _____

 Name of Father _____ Bus (____) ____ - _____

Name of Mother _____ Bus (____) ____ - _____

Student Address: _____ City _____

Postal Code: _____ Phone: (____) ____ - _____ Age: _____

EMERGENCY CONTACT

Name: _____ Phone No. (____) ____ - _____

Relationship to Child: _____

Doctor's Name: _____

Address: _____ Phone No. (____) ____ - _____

Medical Information

1. Does your child have any allergies or dietary restrictions?

2. Does your child take any medication on a regular basis? **Y/N**
If yes, please give details:

3. Does your child have any medical, physical, or behavioral challenges that we should be aware of?

In case of emergency, the following procedure will be followed:

- The camper will be taken directly to the nearest hospital.
- Parents will be contacted immediately; if parents cannot be reached, the emergency number will be called.
- A staff member will remain with the camper until a parent arrives.

I hereby give permission for a doctor to treat _____
(Name of Camper)

Conditions of Enrollment

Master Seo's Dynamic Taekwondo 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 Seo's Dynamic Taekwondo 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.

Signature of Parent/Guardian

Date

