



World Champion Taekwondo

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champick.com

2019 Summer Camp Enrollment Form

Child's Information and Emergency Contacts

(1) Student name: _____ DOB: ____/____/____ M / F
 (2) Student name: _____ DOB: ____/____/____ M / F
 (3) Student name: _____ DOB: ____/____/____ M / F

Parent/ Guardian's Name: _____ Relationship: _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____ @ _____ . _____

Emergency Contact: _____ Relationship to Student: _____

Emergency Contact Phone #: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Insurance Phone: _____

Policy Number: _____ Medical Concerns (allergies, recent hospitalization, asthma, diabetes, etc) YES NO

If Yes, please list: (1) _____ (4) _____
 (2) _____ (5) _____
 (3) _____ (6) _____

Summer Camp Program Information

I would like to register _____ camper(s) for _____ weeks at WCT's Summer Camp (circle dates below)

July 1 st – 5 th	July 8 th – 12 th	July 15 th – 19 th	July 22 nd – 26 th	July 29 th – Aug 2 nd
August 5 th – 9 th	August 12 th – 16 th	August 19 th – 23 rd	Aug 26 th – 30 th	

Registration Fee \$ _____ T-Shirt(s) \$ _____

Weekly Rate \$ _____ X _____ Weeks = \$ _____

Total Camp Fees \$ _____

Method of Payment

◆ Credit Card Number: _____ Exp. Date: _____ CVV Code: _____ Authorization: _____

◆ Checking Account #: _____ Routing: _____ Authorization: _____

RATES:

- **\$269/week OR \$239/week (4+ weeks) OR \$215/week (6+ weeks)**
Full week = 5 days
- **\$75/day **if enrolling for 4 days or less****
- **WCT T-shirts: \$15 (T-shirts are mandatory, especially for field trips)**
- **First Time Campers: \$80 Registration Fee**
- **10% Discount for 2nd Family Member, and each additional**

I- **Parent/Guardian Permission and Liability Waiver** _____ (please initial)

My child has the permission to participate in activities provided by World Champion Taekwondo and Grand Master Dr. Park . I acknowledge that my child must follow all the rules in order to participate. I recognize and acknowledge that participation in Taekwondo does involve the risk of injuries. I agree that World Champion Taekwondo, Grand Master Dr. Park , and all persons participating in instruction at World Champion Taekwondo will not be held responsible for any damages or injuries caused by the use of or practice of any techniques presented in the classes, except in cases of gross negligence. In the event that I cannot be reached in an emergency, I hereby authorize that any essential medical treatment be administered to my child at my expense. I also hereby waive and release any claims that arise out of any decision to authorize essential medical treatment, and hold harmless World Champion Taekwondo, Grand Master Dr. Park , and instructors as well as anyone appointed to work in the program from claims of third parties arising out of any decision to authorize essential medical treatment.

I- **Media use:** _____ (please initial)

I, the undersigned buyer, irrevocably authorize World Champion Taekwondo and those acting under its authority, to copyright, use, publish for art, advertising, trade, or any other lawful purpose photographic portraits, pictures, or video in which the student(s) may be included in whole or in part.

II- **Assessed Fees:** _____ (please initial)

1. A \$20 fee will be assessed for any checks returned or EFT declined
2. A \$5 fee per student listed above will be assessed for every 15 minutes past the 6:30 p.m pick-up time
3. A \$20 fee will be assessed for the first three business days, \$5 each day thereafter, when tuition is not received the Friday before each subscribed camp week.

III- **Pledge:** _____ (please initial)

1. I pledge to take care at all times to avoid injuries to my fellow classmates and myself.
2. I pledge to never use the knowledge gained from this Summer Camp, except to protect the honor of the defenseless and myself.
3. I pledge to stay with my team at all times and to contribute to the team spirit and unity.
4. I pledge to obey the rules to conduct myself in the manner of a Taekwondo student in my daily life and in class.
5. I pledge to never do anything disgraceful upon the art of Taekwondo, Grandmaster Dr. Park or his Dojang.

IV- **Cancellation/ modification policy:** _____ (please initial)

- ◆ Any payment received will not be returned to the student or buyer for any reason.
- ◆ An additional **\$50** will be charged to cancel/ move one or more camp weeks.

V- **Food/ Snacks:** _____ (please initial)

Children may bring food for lunch and snacks. Since World Champion Taekwondo does not have any kitchen facilities, snack should be non-perishable and easy for children to clean up after.

VI- **Medication:** _____ (please initial)

We are not medical professionals, and so cannot dispense medication of any sort, including painkillers.

My signature certifies that I have read, understood, and agree to the above information.

Signature: _____ Date: _____ / _____ / _____

Printed Name: _____