***Lees Dynamic TKD***



**44190 Waxpool Rd. #127 Ashburn, Va 20147 / www.leesdynamictkd.com**

***2021 Summer CAMP REGISTRATION***

**Are you in need of a fun and fresh activity for your child during Summer Break? With exciting martial arts classes and daily field trips, Lee’s Dynamic Taekwondo Summer Camp 2021 is your perfect solution! Camp hours are from 8:00 am until 6:00 pm and are filled with both martial arts and non-martial arts activities. Don’t need a full day of camp? Partial days are also available! Spaces are limited and filling up fast, so reserve yours today!**

Client’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Dynamic Member YES / NO Previous Martial Arts Experience YES / NO

**Registration Fee - $50**

**Care from 8:00am - 6:00 pm please Specify Drop Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_& Pick up Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4 or 5 days per week = $ 209 plus activity fee**

**2 or 3 days per week = $ 199 plus activity fee**

**Sibling Discount - 1st sibling-5%, 2nd sibling-10%**

***Field Trip / $25 Activity Fee per week per child (Firm)* / AGES 4 AND UP**

**\*\*\*Extra Options\*\*\***

**Early Drop Off (7am – 8am): $10 extra per Week  
Late Pick Up (6pm-6:30pm) $10 extra per Week**

**Extra Taekwondo Uniform: $50 each**

**Extra Camp Shirts: $15 each T-SHIRT SIZE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT INFORMATION:**

**Must receive payment in Full for Summer Camp**

Total Payment Amount (calculated as follows)

\_\_\_\_\_\_\_\_ X \_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + $\_\_\_**50.00**\_\_\_\_\_\_\_+ $**\_\_\_**\_\_\_\_=\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Weeks $ Per Week Sub Total Reg. Fee Act Fee Total

*Please initial after each statement to indicate full understanding of Dynamic Taekwondo Program Policy.*

\*Our policy includes all days/week paid regardless of attendance, unless scheduled ahead of time. Initial\_\_\_\_\_\_\_\_

\*Full payment of camp fee is due on the day registering for the camp Initial\_\_\_\_\_\_\_\_

\***No refunds or credits will be issued due to non-scheduled attendance of camp for any reason Initial\_\_\_\_\_\_\_\_  
 when enrolled! (*Vacation, Doctor Appointments, holidays, day off, sick days, or removing child   
 at parent’s discretion for any reason*).** ***Space is reserved*!**

\*Late Fee of $10 per day will be charged when pick up is past 6:00pm. Initial\_\_\_\_\_\_\_\_

**CAMP FEES: Full Week (Uniform Needed - $50 if wanted)**

Single Day: **$55 per day** \_\_\_\_\_\_ Half day: **$45 per day** \_\_\_\_\_\_\_

* **Depending on your child’s progress during class, he/she may be recommended for a promotion test**

**During camp or our regular testing time. This testing fee is separate from any Camp fee.**

I will be attending camp the following days (check all that applies):

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | **Camp Weeks Available** | | | | | **Week** | **Dates** | **Theme** | **Initial** | |  |  |  |  | | Week 1 | June 16 – June 18 (3 Day) | Good Focus ($160) |  | | Week 2 | June 21 – June 25 | Manners at Home |  | | Week 3 | June 28 – July 2 | Manners in School |  | | Week 4 | July 5 – July 9 | Respect for Parents |  | | Week 5 | July 12 – July 16 | Respect for Teachers |  | | Week 6 | July 19 – July 23 | Attitude Toward Friends |  | | Week 7 | July 26 – July 30 | Handling Bullies |  | | Week 8 | Aug 2 – Aug 6 | Handling School Property |  | | Week 9 | Aug 9 – Aug 13 | Willingness to Learn |  | | Week 10 | Aug 16 –Aug 20 | Performance of Tasks |  | | Week 11 | Aug 23 – Aug 25 (3 Day) | Thankfulness ($160) |  | |  |  |  |  | |
|  |

Basic Medical Information (please fill out completely)

Does your child have any allergies, food intolerances, medical or physical issues that we need to be aware of? YES / NO If yes, please describe below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications your child is currently taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medications that your child is authorized to take at Camp if deemed necessary by appropriate Staff (i.e., Benadryl, Children’s Tylenol, Inhaler, Epipen)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release and Waiver of Liability**

The member or participant understands and agrees that strict observation of the rules and regulations relative to training, including the use of protective equipment, is required and that the use of facilities and the Member’s presence at the School are at the sole risk of the Member. It is understood and agreed by the Member that martial arts involves defensive and offensive skills and training which includes sometimes violent and sudden movements and that in connection with the training and instruction sessions, there will be physical contact between Instructors and Members and between and among Members themselves and that such contact may result in personal injury despite the best intentions and following adequate precautions. The Member agrees that the School and its instructors, agents, employees, operators, and authorized representatives shall not be responsible for and hereby released from any liability, claim, loss, including loss of property, damage, personal injury, or expense incurred by a Member or anyone claiming through a Member, or related to any activity connected with the School, including, but not limited to, any cause by the negligence or gross negligence of the School or its instructors, Members, agents, employees, operators, or authorized representatives.

All information I have provided is as accurate and up-t0-date as possible. I agree to Dynamic Taekwondo Terms and Conditions as outlined on this registration form. I also acknowledge that I have received a copy of this form upon my request from the Dynamic Staff.

**Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_**