

SRMA Summer Camp Enrollment Form

STUDENT NAME		DATE OF BIRTH	AGE	
1				
STUDENT NAME		DATE OF BIRTH	AGE	
2				
PHONE:	STREET	CITY	STATE	ZIP
PARENT NAME:		EMERGENCY CONTACT NUMBER		

EMERGENCY CONTACT / MEDICAL INFORMATION

INSURANCE COMPANY:		POLICY NUMBER		
DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR CURRENTLY TAKING MEDICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list:		
IS YOUR CHILDS IMMUNIZATIONS UP TO DATE? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please explain:		DATE OF LAST TETANUS SHOT:
FAMILY DOCTOR:	ADDRESS:		PHONE:	

Insurance Waiver and Release of Liability

I hereby authorize the staff of South River Martial Arts to act for me according to their best judgment in any emergency requiring medial attention and I hereby waive and release South River Martial Arts and the staff from any and all liability for any injuries or illness incurred in the treatment of any accident, injury or illness of the above named minor.

I acknowledge and fully understand that the minor participant will be engaging in the activities that involve risk of serious injury, which might result from my own actions, inactions or negligence of others, the rules of play, the condition of the premises or any equipment used. Further, I acknowledge and fully understand that there may be other risks not known to me or reasonably foreseeable at this time.

I/We have read the above waiver and release, understand that I/We have given up substantial rights by signing, have not changed it orally and have signed this release voluntarily.

_____ Parent Grandparent Other _____ Date: _____

_____ Parent Grandparent Other _____ Date: _____

Enrollment

-Select which week(s) you would like to enroll your child in Summer Camp-

- | | | |
|--|--|--|
| <input type="checkbox"/> Week 1 (Jun 20-24) | <input type="checkbox"/> Week 2 (Jun 27-Jul 1) | <input type="checkbox"/> Week 3 (Jul 5-8) 4 days |
| <input type="checkbox"/> Week 4 (Jul 11-15) | <input type="checkbox"/> Week 5 (Jul 18-22) | <input type="checkbox"/> Week 6 (Jul 25-29) |
| <input type="checkbox"/> Week 7 (Aug 1-5) | <input type="checkbox"/> Week 8 (Aug 8-12) | <input type="checkbox"/> Week 9(Aug 15-19) |
| <input type="checkbox"/> Additional Week (Aug 22-23 for kindergarten) | | |

Camp T-Shirt - Small ___QTY Medium ___QTY Large ___QTY X-Large ___QTY

Payment Information for Early Registration

SRMA is excited to announce a payment plan option for 2016 Tae Kwon Do Summer Camp which allows you to make 3 separate payments! (Tuition must be paid in full by May 30th, 2016)

This is an agreement between _____ (please print) and SRMA 2016 Tae Kwon Do Summer Camp.

CAMPER'S NAME	AMOUNT	PAYMENT PLAN OPTION
ADDITONAL CAMPER'S NAME (10% DISCOUNT)	_____	<input type="checkbox"/> _____ Due Date
ADDITONAL CAMPER'S NAME (15% DISCOUNT)	_____	<input type="checkbox"/> _____ Due Date
Subtotal	_____	<input type="checkbox"/> PAID IN FULL
(\$15 or 2/\$25) T-Shirts	_____	
(\$50) Uniform	_____	
Total	_____	

CREDIT CARD INFORMATION (for automatic payments)

CARD HOLDER NAME	CREDIT CARD TYPE	CREDIT CARD NUMBER	EXPIRATION DATE
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		

I agree to the payment options marked above _____ / _____ / 2016

Permission to Ride

(to be completed by parent/guardian for students under 18 only)

Students will not be allowed to participate in offsite activities (demonstrations, tournaments and field trips) requiring transportation in vehicles driven by people other than their parents without written parental permission.

This form will be maintained in the student's file and will remain active during the length of the student's enrollment at South River Martial Arts.

I give permission for my son / daughter to ride in a vehicle driven by a member of South River Martial Arts for activities relating to demonstrations, tournaments, field trips and similar instances.

He/she will return to South River Martial Arts at the pre-determined time for pick up by their parent/guardian. If for whatever reason we (SRMA) are unable to return at the designated time we (SRMA) will make all efforts necessary to contact the individuals listed below.

STUDENT NAME:		
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PARENT / GUARDIAN (PLEASE PRINT):	SIGNATURE OF PARENT / GUARDIAN:	DATE:
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HOME PHONE:	CELL PHONE:
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PARENT / GUARDIAN (PLEASE PRINT):	SIGNATURE OF PARENT / GUARDIAN:	DATE:
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HOME PHONE:	CELL PHONE:
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In the event that I/We are unable to meet SRMA at the designated pick up time, I/We will call SRMA to notify and make arrangements for our child to be picked up by another individual.

I/We understand that an additional fee may be charged if SRMA staff is required to wait beyond 15 minutes of the pre determined pick up time.

I/WE AUTHORIZE THIS PERSON LISTED TO PICK UP MY/OUR CHILD:	PHONE:
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I/WE AUTHORIZE THIS PERSON LISTED TO PICK UP MY/OUR CHILD:	PHONE:
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