

CHARLES JUNE Karate Institute

650 E Fire Tower Rd (252) 7KARATE Winterville, NC 28590 (252) 752-7283

2021 Summer Camp – Student Information

Student 1	// Date of Birth	Grade Entering	School			
Student 2	// Date of Birth	Grade Entering	School			
Parent/Guardian Information	n					
Parent/Guardian Name	() preferred phone	Home Address				
Parent/Guardian Name	() preferred phone	Email				
Other Emergency Pickup	() preferred phone	Other important contact information				

Approved Pick-Up List

If anyone other than the parent/guardian listed above will be picking up your child, please list the full name of each individual with full permission to pick up your child.

Name:

Name:

Individuals named above will need a picture id in order to pick up your child.

Additional Information About Your Child(ren)

Food or Drug Allergies:

Please list any medications your child is taking. This information will only be used in case of an emergency, to better assist health care providers. *If your child has medication to be administered by our staff, it must be in the pharmacy-labeled container with the instructions clearly printed. You must sign a permission slip to allow our staff to administer this medication.*

List any special needs or dietary restrictions ____

Please provide any information you feel would be helpful in teaching and working with your child (how your child best learns, communication techniques, how to best work with your child in dealing with behaviors, what you feel encourages your child the most, what situations make your child uncomfortable

or activities we should avoid, strengths etc.)_

Rates:

Full time week: \$170	Part time week: \$125	Daily rate: \$60 for non-members
Up to 5 full days.	Up to 3 full days.	\$45 for members

Discounts:

Sibling discount: \$10/week	Auto-billing discount: \$5/week	Multiple week
(only applied to weeks when	Pay up front discount: \$10/week	discount: \$10/wk (if
both/all siblings attend)	**No refunds for up front payment regardless of attendance.** Members can apply discount for auto billing or pay up front, not both.	more than 5 weeks)

Dates: Please check off all dates that your child(ren) will be in attendance. Use the space on the side for any notes.

June 2021				July 2021					August 2021					
								1	2	2	3	4	5	6
7	8	9	10	11	5	6	7	8	9	9	10	11	12	13
14	15	16	17	18	12	13	14	15	16	16	17	18	19	20
21	22	23	24	25	19	20	21	22	23					
28	29	30			26	27	28	29	30					

Terms and Conditions (initial that you have read each)

Waiver: I am aware that students will engage in physical exercise and use of training equipment. Karate training and Summer Camp activities can cause injuries and I assume all risk of injuries which may result. I also understand that summer camp and karate classes are both group activites, and transmission of communicable disease could occur. I hereby waive and release any claim or right to sue Charles June Karate, its staff or instructors for student injuries or illness. I also understand and agree that Charles June Karate shall not be responsible or liable for any loss, damage or theft of any property belonging to me or student even if the loss, damage or theft occurs on or around the Charles June Karate property.

Payments: We accept Cash, Check and Credit/Debit cards. Payments are due on Monday of each week for that week. A \$5 late fee will be added to your account when payment is 2 days late. <u>The first week's payment must be included when registration is submitted.</u>

Contract Term: You are registering your child(ren) for the 2021 Summer Camp weeks as indicated in the Registered Weeks and Rates section above. You are responsible for the weekly payments for each registered week regardless of your child(ren)'s attendance. Cancellations less than 2 weeks in advance may be charged up to 50% of the regular fee. Cancellations less than 48 hours in advance will be charged 100% of regular fee.

_____Photo Release: Photographs may be taken of students to be used in publications including but not limited to the Charles June Karate website. I hereby consent and release Charles June Karate from any expectation of confidentiality for the student(s) identified on page 1.

_____911 Release: I give my consent to Charles June Karate to call 911 in the event of an emergency and I hereby give my consent to any emergency facility or physician to administer necessary treatment to my child in the event of an emergency. I give my consent to transport by ambulance as/if the situation warrants. I have read, understand and agree to all Terms and Conditions listed above.

Print Name

Signature

Date