

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

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Student 1	Date of Birth	Grade Entering	Shirt Size
Student 2	Date of Birth	Grade Entering	Shirt Size
Parent/Guardian Informatio	on		
Parent/Guardian Name	() preferred phone	Home Addres	s
Parent/Guardian Name	() preferred phone	Email	
	()	Other important contact i	nformation
Other Emergency Pickup	preferred phone		
	į		
Approved Pick-Up List			
f anyone other than the parent			ild, please list the ful
If anyone other than the parent name of each individual with ful Name:	Permission to pick up you	r child. :	
If anyone other than the parent name of each individual with ful Name: Individuals named	I permission to pick up you Name I above will need a picture	r child. :	
If anyone other than the parent name of each individual with ful Name: Individuals named	I permission to pick up you Name I above will need a picture	r child. :	
Approved Pick-Up List If anyone other than the parent name of each individual with ful Name: Individuals name Additional Information Abo Food or Drug Allergies: Please list any medications ye emergency, to better assist hea staff, it must be in the pharmac permission slip to allow our sta	Name a above will need a picture out Your Child(ren) our child is taking. This is the care providers. If your child the container with the	r child. :id in order to pick up you	our child. e used in case of arbe administered by ou
If anyone other than the parent name of each individual with full name: Individuals named Additional Information About 1 Please list any medications you amergency, to better assist heat staff, it must be in the pharmace.	Name a above will need a picture out Your Child(ren) our child is taking. This is the care providers. If your cylabeled container with the fif to administer this medical	r child. :	e used in case of an be administered by our inted. You must sign a

Registered Weeks and Rates

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

Daily signup dependent on available space. Priority will be given to students signed up for full week.

Discounts:

Sibling discount: \$10/week	Auto-billing discount: \$5/week	Multiple week
(applied to additional siblings	Pay up front discount: \$10/week	discount: \$10/wk
after first on weeks that more	**No refunds for up front payment regardless of	(Applies to each child
than 1 sibling is in attendance)	attendance** Discount for auto-billing or pay up front, not	enrolled 5 weeks or
	both.	more)

	Jui	ne 2	022		July 2022			-	2022	2				
									1	1	2	3	4	5
					4	5	6	7	8	8	9	10	11	12
13	14	15	16	17	11	12	13	14	15	15	16	17	18	19
20	21	22	23	24	18	19	20	21	22	22	23	24	25	26
27	28	29	30		25	26	27	28	29					

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

Terms and Conditions (initial that you have read each

Terms and Conditions (initial that yo	u have read each)				
Pickup: Pickup is by 6pm or the end or child for each 15 minutes late.	the student's class each day.	Late pickup will be billed \$10 per			
Waiver: I am aware that students will entraining and Summer Camp activities can cause understand that summer camp and karate class disease could occur. I hereby waive and releinstructors for student injuries or illness. I also responsible or liable for any loss, damage or the damage or theft occurs on or around the Charles.	e injuries and I assume all risk on sees are both group activites, and ase any claim or right to sue to understand and agree that the heft of any property belonging	of injuries which may result. I also nd transmission of communicable Charles June Karate, its staff or Charles June Karate shall not be			
Payments: We accept Cash, Check an for that week. Nonpayment will result in regist payment must be included when registration is	ration for the rest of the summ				
Contract Term: You are registering you Registered Weeks and Rates section above. Week regardless of your child(ren)'s attendance to 50% of the regular fee. Cancellations less that	You are responsible for the week. Cancellations less than 2 week.	ekly payments for each registered eks in advance may be charged up			
Photo Release: Photographs may be to the Charles June Karate website. I hereby confidentiality for the student(s) identified on page	onsent and release Charles Ju				
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			