



CHARLES JUNE Karate Institute

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

2024 Summer Camp – Student Information

_____	____/____/____	_____	_____
Student 1	Date of Birth	Grade Entering	Shirt Size
_____	____/____/____	_____	_____
Student 2	Date of Birth	Grade Entering	Shirt Size

Parent/Guardian Information

_____	(____)____-____	_____
Parent/Guardian Name	preferred phone	Home Address
_____	(____)____-____	_____
Parent/Guardian Name	preferred phone	Email
_____	(____)____-____	Other important contact information
Other Emergency Pickup	preferred phone	

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.) _____

Registered Weeks and Rates

Rates:

Full week: \$175 Up to 5 full days.	3 day rate: \$135 Daily rate: \$45/day No discounts apply for daily rate or 3 day rate
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Daily signup dependent on available space. Priority will be given to students signed up for full week.

Discounts:

Sibling discount: \$10/week (applied to additional siblings after first on weeks that more than 1 sibling is in attendance)	Auto-billing discount: \$5/week Pay up front discount: \$10/week **No refunds for up front payment regardless of attendance** Discount for auto-billing or pay up front, not both.	Multiple week discount: \$10/wk (Applies to each child enrolled 5 weeks or more)
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June 2024					July 2024					August 2024				
					1	2	3	4	5				1	2
					8	9	10	11	12	5	6	7	8	9
10	11	12	13	14	15	16	17	18	19	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	19	20	21	22	23
24	25	26	27	28	29	30	31			26	27	28	29	30

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)

_____ **Pickup:** Pickup is by 6pm or the end of the student’s class each day. Late pickup will be billed \$10 per child for each 15 minutes late.

_____ **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 activities, 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.

_____ **Behavior:** Charles June Karate must operate in a safe and positive manner for all students. Your child may be dismissed from the program if they display aggressive behavior toward other students or defiant or aggressive behavior toward staff members.

_____ **Payments:** We accept Cash, Check and Credit/Debit cards. Payments are due on Monday of each week for that week. Nonpayment will result in registration for the rest of the summer being voided. The first week’s payment must be included when registration is submitted.

_____ **Contract Term:** You are registering your child(ren) for the Summer Camp weeks as indicated in the Registered Weeks and Rates section above. You are responsible 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