

SideKick Karate Dojo

520 South Main Street Salisbury, NC 28144 **Phone:** 704.216.2258 **Text:** 704.202.6454

Website: www.SideKickDojo.com

Email: skkarate@aol.com

Facebook: SideKick Karate of Salisbury

SIDEKICK KARATE SUMMER CAMP PROGRAM

Maximize Your Child's Potential in a Caring Christian Atmosphere!

Improve:

Confidence
Study Habits
School Grades
Physical Fitness
Mental Awareness
Control of Emotions



Learn:

Discipline
Coordination
Respect/Manners
Focus/Concentration
Self-Defense/Anti-Bullying
Art of Karatedo (way of life)

We are not a daycare or babysitter! We are a martial arts school!

Registration Fee: \$40 (Includes karate uniform).

Weekly Dues: \$195 for first child/\$185 for each additional child (Includes a weekly activity fee of \$25)

Debit or credit card must be on file for processing dues. Tuition must be paid every Friday for the upcoming week.

Please register your child promptly to secure enrollment!

Schedule:

Monday - Friday (7:00 a.m. - 5:15 p.m./6:15 p.m.)

Please bring a daily bag lunch and snack. (See weekly itinerary)

Please pick-up your child at SideKick Karate Dojo no later than 6:15 p.m.

Curriculum:

Karate Fitness & Training at 10:00 a.m. with Karate Classes at 4:00 p.m. and 5:00 p.m. every day. Eight (8) Weeks of Summer Camp include:

May 30 - June 2 (4 days), June 5-9, June 12-16, June 19-23,

June 26-30, July 3-7 (closed), July 10-14, July 17-21, July 24-28

• <u>Sample Week</u> (Changes may be made regarding the weather)

Monday - Bowling

Tuesday - Skating

Wednesday - Weapons in the Park

Thursday - Ci Ci's Pizza and Games

Friday - Fun Freedom Friday and Pizza at the Park

For safety, activities and locations will be provided only to parents who enroll their children!

Head Instructor, Ricky Smith, is a 9th Degree Black Belt with over 48 years of teaching martial arts.

Our professional staff of Black Belts and event directors will provide leadership and assist with your child's early development.

All staff members must pass a background check and are subject to random drug testing.

Name of Student	Date of Birth//	Age
Signature of Parent or Guardian	Phone	Date