

Summer Camp Application



Cedarbrae Centre Scarborough
3495 Lawrence Ave. E
www.CunninghamTaekwondo.com
cunninghamtaekwondo@gmail.com

Section 1 - Parent / Guardian Information

Date: _____

Parent / Legal Guardian: _____ Relationship: _____

Address _____ City: _____ Postal Code: _____

Contact Numbers: Home: _____ Work: _____ Mobile: _____

Email Address: _____

In Case of Emergency, contact: _____ Phone: _____

Only the following people will be allowed to pick up my child without written permission:

Section 2 - Student Information

Given Name: _____ Preferred Name: _____

Date of Birth (mm/dd/yy): ____/____/____ Grade: _____ Dismissal Time: _____

Allergies: _____

Medical Conditions: _____

2nd Student - Family or Friend

Given Name: _____ Goes By: _____

Date of Birth (mm/dd/yy): ____/____/____ Grade: _____ Dismissal Time: _____

Allergies: _____

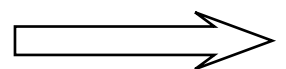
Medical Conditions: _____

WHAT TO PACK:

**COMFORTABLE CLOTHING, 2 SNACKS, LUNCH, DRINKS -
CHANGE OF CLOTHING**

Drop off Time: 8:30 to 10:30

Pick up Time: 3:00 to 4:30



Please turn over page

Section 3 - Summer Camp Dates / Payment - Weekly Fee \$299 - Daily Fee \$60 - 4 day week \$240

| | | | | | | | | | | |
|---|-----------------------------------|------------------------------------|---|-----|------------------------|------------------------|-----|-----|-----|-------------------------|
| <input type="checkbox"/> June 29 th to 3 rd ^{July} | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | Mon | Tue | Holiday **** | Thu | Fri | - | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |
| <input type="checkbox"/> July 6 th to 10 th | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | Mon | Tue | Wed | Thu | Fri | - | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |
| <input type="checkbox"/> July 13 th to 17 th | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | Mon | Tue | Wed | Thu | Fri | - | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |
| <input type="checkbox"/> July 20 th to 24 th | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | Mon | Tue | Wed | Thu | Fri | - | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |
| <input type="checkbox"/> July 27 th to 31 st | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | Mon | Tue | Wed | Thu | Fri | - | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |
| <input type="checkbox"/> Aug 4 th to 7 th (4) | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | | Holiday **** | Tue | Wed | Thu | Fri | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |
| <input type="checkbox"/> Aug 10 th to 14 th | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | Mon | Tue | Wed | Thu | Fri | - | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |
| <input type="checkbox"/> Aug 17 th to 21 st | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | Mon | Tue | Wed | Thu | Fri | - | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |
| <input type="checkbox"/> Aug 24 th to 28 th | <input type="checkbox"/> All week | <input type="checkbox"/> Part-time | - | Mon | Tue | Wed | Thu | Fri | - | At the rate of \$ _____ |
| <small>(Please circle days of attendance)</small> | | | | | | | | | | |

Payment Amount \$ _____ Date: _____

Forms of Payment: Email Money Transfer Interac Other

Parent / Guardian Signature: _____

Notes:

PLEASE READ THE FOLLOWING AND SIGN:

The participant (guardian) agrees to comply with the Summer Camp rules and acknowledges that the Cunningham Taekwondo Summer Camp can be physical and that participation in such a program can result in injury to the participant. The participant (guardian) hereby waives any and all claims for damages or injury against Cunningham Taekwondo, Shane Cunningham or any individual connected with the organization or promotion of this seasonal camp, and expressly assumes all risks or whatever nature resulting from said participation. Additionally, the participant is (the guardian is) fully aware of his or her (participant's) personal medical conditions and hereby certify that he/she (the participant) is mentally and physically fit to participate in the Cunningham Taekwondo Summer Camp.

Guardian's Name: _____

Guardian's Signature _____ **Date:** _____