

Summer Camp Application



416-602-4875



Cedarbrae Mall

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:

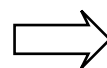
UNIFORM IF YOU HAVE ONE AND OR COMFORTABLE CLOTHING, 2 SNACKS, LUNCH, CHANGE OF CLOTHING

Drop off Time: 8:30 to 10:30

Pick up Time: 3:00 to 4:30

Please turn over page

- Enrol more than 4 weeks you will receive a Free uniform



Section 3 - Summer Camp Dates / Payment - Weekly Fee \$300 - Daily Fee \$60 - 4 day week \$240 - Regular Rates☐ June 30th to 4th ☐ All week ☐ Part-time - Mon **** Wed Thu Fri - At the rate of \$ _____☐ July 7th to 11th ☐ All week ☐ Part-time - Mon Tue Wed Thu Fri - At the rate of \$ _____☐ July 14th to 18th ☐ All week ☐ Part-time - Mon Tue Wed Thu Fri - At the rate of \$ _____☐ July 21st to 25th ☐ All week ☐ Part-time - Mon Tue Wed Thu Fri - At the rate of \$ _____☐ July 28th to 1nd ☐ All week ☐ Part-time - Mon Tue Wed Thu Fri - At the rate of \$ _____☐ Aug 5th to 8th (4) ☐ All week ☐ Part-time - **** Tue Wed Thu Fri - At the rate of \$ _____☐ Aug 11th to 15th ☐ All week ☐ Part-time - Mon Tue Wed Thu Fri - At the rate of \$ _____☐ Aug 18th to 22nd ☐ All week ☐ Part-time - Mon Tue Wed Thu Fri - At the rate of \$ _____☐ Aug 25th to 29th ☐ All week ☐ Part-time - Mon Tue Wed Thu Fri - At the rate of \$ _____

Payment Amount \$ _____ Note: _____

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:** _____