

**AU Martial Arts Center**  
**SUMMER CAMP 2014**  
**Registration Packet**



**F u n !   E d u c a t i o n a l !   S a f e !   M e m o r i e s   t h a t   l a s t !**

# Summer Camp Program 2014

## Summer Camp Program Registration Sheet

Child's Name	Age:
Parents / Guardian Name	
Address	
Home Phone	Cell Phone:
E-mail Address	
Child's School	
Schedule	<input type="checkbox"/> 7:30 am ~ 9:00 am <input type="checkbox"/> 9:00 am ~ 4:00 pm <input type="checkbox"/> 4:00 pm ~ 6:00 pm
Start date	
Emergency Contact	1)
	2)
<b>In consideration of my child's participation in AUMAC Summer Camp Program such as being picked-up by staff in AUMAC vehicles, eating snack, drinking juice, playing games &amp; doing Taekwondo. I / We do hereby fully release and discharge, and save whole and harmless AUMAC employees and owners from any and all liability for damages, whatsoever, and any and all known and unknown personal injury.</b>	
Parent's Signature:	Date:

### Arrival / Departure Form

#### To ensure safety of the children parents are to:

- Park in the parking lot and walk their child into the school.
- Bring their child into the classroom and make sure that the teacher is aware that the child has arrived

I the parent of \_\_\_\_\_, agree to follow **the Arrival / Departure rules** as stated above.

I understand that I am also responsible for the following of these rules by any adult that

I have chosen to pick up my child.

\* All children will not be released to any person who is not at least 18 years of age

### Permission / Release Form

#### Field Trips

I/We give permission for the staff of AU Martial Arts Center Summer camp to take my child on any field trip that is prearranged during the week.

#### Photo Release

I/We give our permission for my child to have their photograph taken for publicity purposes.

Parent's Signature:	Date:
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**Summer Camp Program 2014**

**Authorized pick up form**

**Any person other than the enrolling parent must have a photo ID to pick up a student**

**Any person who wishes to pick up a camper who is not listed below must have:**

**A photo ID & a written letter of permission from the parents**

1) Students' Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2) Students' Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I/We give permission for the Person to pick up my children's from Summer Camp

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Emergency Contact Information**

1) Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Student's Medical History**

(Please note that your medical information will not be shared with anyone except medical personnel, as necessary, in case of an emergency.)

General Health:  Excellent  Good  Fair  Poor

Are you currently taking any medication:  Yes  No Date of last physical: \_\_\_\_\_

If yes, for what purpose? \_\_\_\_\_

Do you have any medical conditions that could affect your ability to perform any aspect of martial arts or that may be a cause of concern to yourself or the instructor?  Yes  No

If yes, please explain: \_\_\_\_\_

In case of serious emergency is there anything that medical personnel should be informed of:

(Allergies, medical condition, etc.) \_\_\_\_\_

**Credit Card Authorization Sheet**

Hello and welcome to AUMAC

We are happy that you have chosen us to take care of your child during his or her Summer Camp.

We are offering our parents automatic credit card payments.

At the end of each week we will process your credit card. At the end of each month we will give you a payment receipt for your records.

If you are unable to provide a credit card for automatic payment, you must turn in your payment to one of the Summer Camp counselors by Friday of each week.

Late payment Policy:

If you pay your child’s bill late than Friday of any week, then a \$10.00 late fee will be assessed.

If payment has not been received in one week, then AUMAC has the right to remove the child from our program.

**Please apply this authorization** /  **No thank you**

**If yes,**

Student’s Name				
Card Number				
Expiration Data (MM)/(YY), CVS				
Name on the Card				
Summer Camp Fee	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Full Payment

<b>SUMMER CAMP PRICING</b>			
<b>Days Per Week</b>	5 days	4 Days	3 days
Before Camp 7:30 am - 9:00 am	\$25	\$20	\$15
<b>Regular Camp 9:00 am - 4:00 pm</b>	<b>\$133</b>	<b>\$122</b>	<b>\$104</b>
<b>Before &amp; regular 7:30 am - 9:00 pm</b>	<b>\$158</b>	<b>\$142</b>	<b>\$119</b>
After Camp 4:00 pm - 6:00 pm	\$15	\$12	\$9
<b>All Day Camp 7:30 am - 6:00 pm</b>	<b>\$193</b>	<b>\$154</b>	<b>\$123</b>
<b>Contracted Taekwondo Students</b>	<b>\$173</b>	<b>\$134</b>	<b>\$103</b>