

# One MARTIAL ARTS 2010 Camp Registration

## Camper Information

name \_\_\_\_\_ age \_\_\_\_ dob \_\_\_\_\_ gender \_\_\_\_\_

any special requirements ? (medications, allergies, behavioral challenges, etc.) \_\_\_\_\_

karate class enrolled in (day & time if applicable) \_\_\_\_\_

Is watching parent approved DVD's permitted in aftercare? Yes \_\_\_ No \_\_\_

## Parent /Guardian Information

name \_\_\_\_\_ relationship \_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_

state \_\_\_\_\_ zip \_\_\_\_\_ phone \_\_\_\_\_ email \_\_\_\_\_

## Camper's Medical Information

type of insurance \_\_\_\_\_ policy no. \_\_\_\_\_

primary care physician \_\_\_\_\_ tel. \_\_\_\_\_

\*closest preferred hospital \_\_\_\_\_

*\*In the event of an emergency, our staff will either call 911 and/or take your child to the nearest emergency center.*

## Pick Up Authorization

For the safety of our campers they will NOT be allowed to leave One Martial Arts with any individual other than their parent(s). If you have babysitters, family members, or any other individuals who will be picking up your child(ren), please list them on this form. **Authorized individuals must present photo ID when signing children out!**

Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Relationship: \_\_\_\_\_

**I hereby authorize the above mentioned person(s) to pick up my child(ren) from One Martial Arts Karate Day Camp, 850 Taraval St, San Francisco, CA. 94116.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Liability Release

I understand that ONE MARTIAL ARTS, their instructors, staff and other session participants are not responsible or liable for accidents and/or injuries to said mentioned child, nor loss of any personal property during a session(s) and while under their instruction/supervision on the premises at 850 Taraval, San Francisco, CA. 94116 and off-site locations. I will not hold ONE MARTIAL ARTS, its KARATE DAY CAMP program or any of their instructors/staff liable, responsible or accountable, in anyway, for any accidents, injuries or loss of personal property that may occur to said mentioned child while under their supervision.

I have read, understand and accept all conditions written under said release of liability.

parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

parent/ guardian name (please print) \_\_\_\_\_

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## Camp Fees (per session)

9am - 3pm

Includes t-shirt, daily afternoon snack, arts & craft materials, admission fees (Fields trips to the zoo, aquarium, etc.) and transportation fares.

General \$350 (includes uniform) Members \$325

\$75 per day / \$50 half day rate (4hrs.)

Early drop off 7:30am Late pick up 6pm  
(No Extra Charge)

Late pick up fee \$5 per every five minutes after 6pm

**NEW!**

We now offer a sibling discount. Register more than one child and receive \$25 off each additional registration.

Or sign up your child for three or more sessions and receive \$25 off the third session.

Choice of sibling or multiple session discount. Discounts may not be combined.

## Reservation & Cancellation Policy

At the time of reserving a session/day, payment must be submitted in full to insure my reservation. \_\_\_\_\_ initial

If I choose to cancel my reservation, I forfeit all monies paid \_\_\_\_\_ initial

No refunds of said payments will be made, with no exceptions or reasons, if I choose to cancel reservation. \_\_\_\_\_ initial

I have read, understand and accept all conditions written under said booking and cancellation policy.

parent/guardian signature \_\_\_\_\_ date \_\_\_\_\_

parent/ guardian name (please print) \_\_\_\_\_

## Spring Sessions

March 29th - April 2nd \_\_\_\_\_ April 5th - 9th \_\_\_\_\_

## Summer Sessions

June 7th - 11th \_\_\_\_\_ June 14th - 18th \_\_\_\_\_ June 21st - 25th \_\_\_\_\_

June 28th - July 2nd \_\_\_\_\_ July 5th - 9th \_\_\_\_\_ July 12th - 16th \_\_\_\_\_

July 19th - 23rd \_\_\_\_\_ July 26th - 30th \_\_\_\_\_ August 2nd - 6th \_\_\_\_\_

August 9th - 13th \_\_\_\_\_ August 16th - 20th \_\_\_\_\_ August 23rd - 27th \_\_\_\_\_

## Single Days

Date 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_ 6: \_\_\_\_\_ 7: \_\_\_\_\_

Other dates: \_\_\_\_\_

## Payment Information

Cash  Check  Credit

Type of card: \_\_\_\_\_ Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**Total amount:** \_\_\_\_\_ NO REFUNDS once reservation is paid for.

Signature: \_\_\_\_\_