

ENTERPRISE USKA MARTIAL ARTS SUMMER KARATE CAMP (BEST IN TOWN)

Child's Name: _____ Phone: _____

Date of Birth: _____ Male: _____ Female: _____ Grade: _____

Child's Address: _____

Non - Refundable Registration Fee \$25.00 / Per Child / Karate Uniform \$40.00

(Attend as many weeks as you would like / Lunch is Included)

Return this form: Reg Fee, 1st week in full **PLUS** a \$10.00 deposit for each additional week

Weekly deposits for camp or non-refundable, but will be applied to weekly fee when paid. **Can be paid in full.**

Payments made if full for Summer Camp are Non-refundable.

Weekly Camp - 7:30am-5:30pm \$75.00 per Week

(Early Drop off @ 7:00am, additional \$5.00 weekly)

(Only \$65.00 per Week with USKA Membership / Includes Certificate & ID Card)

May 29-June1 ___ June 4-8 ___ June 11-15 ___ June 18-22 ___ June 25-29 ___ July 2-6 ___

July 9-13 ___ July 16-20 ___ July 23-27 ___ (July 30-Aug 3 TBA)

USKA After School Karate Program Will Begin August 6, 2018 / Registering Now for New Students

*****PLEASE READ BEFORE SIGNING*****

I understand that by signing this application and placing a deposit for any or all weeks of camp, I am committed to paying for the weeks selected whether or not my child attends. There are no refunds once I agree to place my child in a week. I understand there are limited spaces in camp and by signing this application I have accepted my child's space in the weeks chosen by me.

Parents Signature: _____ Date: _____

Family Information

Mother / Guardian Name: _____ Phone: _____

Email: _____ Cell: _____ Work #: _____

Father / Guardian Name: _____ Phone: _____

Email: _____ Cell: _____ Work #: _____

Emergency Contact

Name: _____ Relationship to child: _____

Phone: _____ Alt. Phone: _____

ENTERPRISE USKA MARTIAL ARTS ACADEMY SUMMER CAMP

I, _____ will mark the space below to grant or not grant permission of photos of my child to be used in the manner below.

Use photos in promotional materials **Yes** ____ **No** ____

Display still photos on USKA Website **Yes** ____ **No** ____

Display in Academy’s bulletin boards, show to current and prospective clients **Yes** ____ **No** ____

Swim Ability

(Please check the appropriate level for your child)

Cannot Swim _____

Swims a little (below the waist) _____

Swims O.K. (Chest level) _____

Swims Well (under water and hold breath) _____

Parent Signature: _____ Date: _____

Field Trips

I grant permission for my child to participate in any scheduled “ off-campus trips” and agree to hold harmless the United Scorpion Karate Academy Inc. / Association & USKA Martial Arts Academy and its Instructors and staff. (Please initial) _____

Refunds

I understand that there is NO REFUND for late arrival or early departure from USKA Summer Camp, or if the camper is dismissed due to disciplinary action. I am responsible for all weeks in full once deposit has been paid.

Parent / Guardian Signature: _____ Date: _____

Thanks for choosing the USKA Summer Karate Camp for your child, and hope that their experience at USKA is one to remember.

1145 James Drive Enterprise, Al 36330 / 334-475-4308

