



Kang's Black Belt Academy 2019 Sleep-Away Camp Registration



**PLEASE COMPLETE ALL INFORMATION NEATLY IN BLACK OR BLUE INK.
August 12-16, 2019**

Campers Name

Last _____ First _____ Nickname _____

Age _____ Date of Birth _____ Gender _____ Male _____ Female

Parent's/Guardian's names: _____

Address: _____ City _____ State _____ Zip _____

Mom's email _____ Mom's Cell _____ Mom's Work Phone _____

Dad's email _____ Dad's Cell _____ Dad's Work Phone _____

Additional information you would like to provide us...(this is voluntary with the sole intent of providing your camper with a safe and enjoyable week)

Tee shirt size: Y-small Y-medium Y-large A-small A-medium A-large A-XL

Has your son/daughter ever experienced an overnight camp before? Yes _____ No _____

How did you find out about Tae Kwon Do Camp? _____

EMERGENCY CONTACTS – OTHER THAN PARENTS

#1
Name _____ Relationship _____

Day # _____ Evening # _____ Cell # _____

#2
Name _____ Relationship _____

Day # _____ Evening # _____ Cell # _____

HEALTH INFORMATION

This form will be available prior to camp.

Please be sure all health information is completely filled out on the form before submitting.

Full information about your family medical insurance is required. Please be sure that your child's physician's information is correct so that when our Doctor is reviewing the forms they may call to discuss any information prior to camp.

HEALTH SERVICES

This information is made with the understanding and agreement that, in the event of illness, medical services are not supposed to be rendered, and if medical attention is given by the Medical Staff, the same is gratuitous. It is expressly understood that no claims arising from illness or medical services, if rendered, are made against the camp or Kang's Black Belt Academy. If a camper becomes injured or ill, whether the injury occurs on or off camp property, the physician may prescribe or secure whatever treatment is indicated in the judgment of the of the physician, including, as example only, hospitalization and surgery. We will advise parent or guardian of any injury or illness which is sufficiently serious to warrant such advice.

HEALTH REQUIREMENTS

If a camper becomes ill prior to arrival at camp, please notify us. If the camper is not in ***perfect health*** on the day that he/she is to arrive at camp, ***Kang's Black Belt Academy must be notified prior to arrival.*** Parents should alert us to any camper's emotional problems.

The medical information form that you receive should be completed with all information. The instructions on the form will be followed by the medical staff.

MEDICATION POLICY

All medications, prescription and over-the-counter, **will be collected the day the campers leave at the bus.** Medicines **must** be in their original containers with instructions. Please see Mark or Mary Ann Malakoff with all medications and pertinent information.

The parent/guardian is solely responsible for the cost of all medical and hospital services required. Insurance cards will be used for the purchase of prescriptions. **A copy of the insurance card, (front and back), must be included with the health forms.**

You must provide two passport size photos of your child to be kept on file...these photos need to be submitted prior to June 1, 2019.

PARENTS INITIALS: _____ By initialing here, I agree to health form, health services, health requirements and photo policy.

REFUND POLICY

No refunds or pro-rations will be made, if the camper has attended any portion of the session. This covers all circumstances, including, but not limited to; 1) homesickness, 2) refusal to participate in the normal activities of the camp, 3) evidence that an emotional or physical problem (predating arrival or surfacing at camp) will result in a poor adjustment to camp and/or adversely effect the health and well-being of the child or our camp community.

Capital Camps and Kang's Black Belt Academy reserve the right to remove any camper from our community who violates the following guidelines, without refund;

- Bullying, physical, physiological and/or sexual abuse
- The possession of use of illegal drugs/alcohol/fireworks and/or items considered dangerous
- Disrespect for camp property and the property of others
- The possession or use of a cell phone
- Behavior that requires supervision beyond a reasonable level

PARENTS INITIALS: _____ **By initialing here, I agree to the deposit and refund policies.**

GENERAL

A 10% discount is available when more than one child attends camp ~ 10% of the tuition fee of the second and third camper will be deducted.

Capital Camps and Kang's Black Belt Academy reserve the right to take campers off camp grounds at any time as part of the camp program and also reserve the right to alter program as necessary for the safety or smooth running of operations.

Capital Camps and Kang's Black Belt Academy may use photo/video images of campers in any/all public relations or marketing media and website display.

The acceptance of this application requires your agreement to these terms and conditions. An acknowledgment by signature is required.

I have read the entire application. I understand my responsibilities and accept the policies as stated. I also understand the payment must accompany this application. I hereby give permission to the medical personnel selected by Kang's Black Belt Academy to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, for the applicant. Any and all claims and rights which camper and or parent may have as a result, either directly or indirectly, including, as examples only, those involving medical and legal costs, shall be governed by Maryland law and limited by Kang's Black Belt Academy insurance coverage so that Kang's Black Belt Academy, will not have any other liability and its directors, employees, and agents will have none.

Parents will be held financially responsible for damage to camp property including, but not limited to graffiti.

I agree to the terms and conditions as stated on this registration, and I agree to be responsible for payment in full to Kang's Black Belt Academy, in the amount of \$800.00. We are offering an "Early Bird" Special - If payment is received at the 2018 Kang's Holiday Party on Saturday, November 17 we are offering a discounted price of \$700.00.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Credit Card Payment

Type of card: Master Card _____ VISA _____ Discover _____

Card Number: _____

Expiration Date: _____ Security Code _____

Name on Card: _____

Please direct all questions to Martin Lempert

Telephone: 301-570-1106

Email: kangs.lempert@gmail.com

Web: www.kangsblackbeltacademy.com

Mailing Address:

Kang's Black Belt Academy

18200-C Georgia Ave.

Olney, MD 20832

..... OFFICE USE ONLY

Check # _____ Check Amount \$ _____ Registration signed & initialed _____

Health forms received _____ Photos received _____ Tee shirt size _____