

## KARATE SUMMER CAMP 2008

### Please complete one form per camper

To reserve your child's place in camp, enclose payment for the \$65 registration fee and \$20 per week deposit per camper. Please read all registration/refund information before filling out this form. Incorrect or incomplete forms will be returned without processing and your child will not be registered. Registration cannot be processed without the full appropriate deposits or with an outstanding balance due Southwest Center for the Martial Arts.

Campers Last Name	First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Age Birthday _____	School attending in Fall  Grade as of 9/1/08 _____
Address	City	State                  Zip	Home Phone (    )
Father's Full Name	Business Phone (    )	Cell Phone (    )	Father's Employer
Father's address if different from campers	City	State                  Zip	Father's Home Phone (    ) Father's E-Mail Address
Mother's Full Name	Business Phone (    )	Cell Phone (    )	Mother' Employer
Mother's address if different From campers	City	State                  Zip	Mother's E-Mail Address
Family Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	Parent with Custody: <input type="checkbox"/> both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	T-Shirt Size: (Youth) <input type="checkbox"/> Youth 6-8 <input type="checkbox"/> Youth 10-12 <input type="checkbox"/> Youth 14-16	T-Shirt Size: (Adult) <input type="checkbox"/> Adult Sm <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult Lg <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult XXL <input type="checkbox"/> Adult XXL

**As a parent/legal guardian of the camper indicated above, I understand and agree to the following policies:**

1. I have read the registration information before filling out this form. Incorrect or incomplete forms will be returned without processing and my child will not be registered. Registration cannot be processed without the full appropriate deposits or with an outstanding balance to Southwest Center for the Martial Arts.
  2. Any changes in enrollment will be subject to cancellation and change fees (\$25 charge per revision, per child). A cancellation fee of \$100 will be charged for complete withdrawal from camp. After the first day of camp there will be no refunds for any reason. There will be no refunds for days of camp missed. Withdrawals from camp must be in writing.
  3. Every child must have a current Medical Emergency Form on file before the first day of camp.
  4. Southwest Center for the Martial Arts may use any photo, slide or quote in publications and the general media.
  5. The Camp Directors reserves the right to dismiss a camper whose physical condition, mental condition, behavior, personal conduct, or influence on other campers is deemed detrimental to the camp atmosphere. Should this occur, the deposit and the unused camp fees **WILL NOT be refunded.**
  6. I hereby give permission for my child to attend field trips. PG-13 Movies  yes     No
- I understand that this is a contract that extends until the end of the camp season. I understand and acknowledge that the Southwest Center for the Martial Arts will be purchasing services that will be provided to my child based on my enrollment, and I understand that I am legally obligated to pay the tuition for the full session in which my child is registered. I further acknowledge that there are no allowances made for absences or for camp holidays. I acknowledge and accept the refund policy as noted above.

In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my child's health and safety. I authorize the staff to apply sunscreen as needed to avoid sunburn. I understand that medical expenses are my responsibility. I hereby assume all risks (injury or illness) for my child and family members that may occur during participation in any activity or use of facilities owned, rented or used by Southwest Center for the Martial Arts. I hereby agree to in no way hold the management of Southwest Center for the Martial Arts, agents or employees liable for lost or damaged belongings or injury that my child may sustain. I have read and understand the above statement.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

**Southwest Center for the Martial Arts**

**7735 E. Evans Road, Suite 102  
Scottsdale, AZ 85260  
480-443-2550**

**Campers Name** \_\_\_\_\_ **Age** \_\_\_ **Grade** \_\_\_ (Fall 2008)

Dates	Week	K-3 <sup>rd</sup> \$160.00	4 <sup>th</sup> – 8 <sup>th</sup> \$160.00	9 <sup>th</sup> – 12 <sup>th</sup> \$160.00	Deposit \$20.00	Balance Due
May 27 May 30 *	1					
June 2 June 6	2					
June 9 June 13	3					
June 16 June 20	4					
June 23 June 27	5					
June 30 July 3 **	6					
July 7 July 11	7					
July 14 July 18	8					
July 21 July 25	9					
July 28 Aug 1	10					
Aug 4 Aug 8	11					
Aug 11 Aug 15	12					
<b>Registration Fee</b>						<b>\$65.00</b>
<b>Total Amount</b>						

\* No Camp Memorial Day

\*\* No Camp July 4<sup>th</sup>

**Attached is our check in the amount of \$ \_\_\_\_\_**  
**(A 2% charge will be added for credit cards)**