

KARATE SUMMER CAMP 2009

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 2009)

| Dates | Week | K-3 rd \$160.00 | 4 th – 8 th \$160.00 | 9 th – 12 th \$160.00 | Deposit \$20.00 | Balance Due |
|-----------------------------|------|-------------------------------|---|--|--------------------|----------------|
| May 26 May 29 * | 1 | | | | | |
| June 1 June 5 | 2 | | | | | |
| June 8 June 12 | 3 | | | | | |
| June 15 June 19 | 4 | | | | | |
| June 22 June 26 | 5 | | | | | |
| June 29 July 3 | 6 | | | | | |
| July 6 July 10 | 7 | | | | | |
| July 13 July 17 | 8 | | | | | |
| July 20 July 24 | 9 | | | | | |
| July 27 July 31 | 10 | | | | | |
| Aug 3 Aug 7 | 11 | | | | | |
| Aug 10 Aug 14 | 12 | | | | | |
| Registration Fee | | | | | | \$65.00 |
| Total Amount | | | | | | |

* No Camp Memorial Day

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