

# 2024 P.A DAY TRAINING CAMP APPLICATION FORM

IN ORDER FOR REGISTRATION FORMS TO BE PROCESSED, ALL SECTIONS MUST BE COMPLETED.

## CAMPER INFORMATION

MEMBER
  NON-MEMBER

CAMPER NAME #1: FIRST \_\_\_\_\_ LAST \_\_\_\_\_ D.O.B MM/DD/YY AGE : M/F  
 CAMPER NAME #2: FIRST \_\_\_\_\_ LAST \_\_\_\_\_ D.O.B MM/DD/YY AGE : M/F  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTALCODE: \_\_\_\_\_

## MAIN CONTACT

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ GENDER:  M  F  
 CONTACT #: \_\_\_\_\_ CONTACT #2 : \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## REGISTERED CAMP DAYS

PLEASE SELECT WHICH CAMPS YOU ARE REGISTERING YOUR CHILD FOR:

DATE	9:00AM – 12:00PM POOMSAE (\$40)	1:00PM – 4:00PM SPARRING (\$40)	FULL DAY (\$70)
Friday, February 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday, March 11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday, March 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday, March 13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday, March 14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, March 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, April 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday, June 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IS YOUR CHILD STAYING FOR CLASS?  YES  NO

➤ We only allow children to stay when there is a guardian with a them. If not, Extra Care Fee will be applied from 4:15pm. Please fill extra care form for your child.

DOES YOUR CHILD NEED EARLY DROP OR LATE PICK UP? (\$20)  YES  NO

DID YOU FILL EXTRA CARE FORM?  YES  NO

## MEDICAL INFORMATION

✓ Is the participant under any form of treatment for an illness, condition or injury?  
 No  Yes \_\_\_\_\_

✓ Does your child have any medical or behavioral conditions that we should be aware of?  
 No  Yes \_\_\_\_\_

✓ Does your child take any medication on a regular basis?  
 No  Yes \_\_\_\_\_

✓ Does your child use a puffer?  
 No  Yes

✓ Carries Epi-pen:  
 No  Yes (for: \_\_\_\_\_)

**ALLERGIES:**

- None
- Peanut  Tree nuts  Egg  Milk  Insect Stings  Seasonal  Latex  Medication
- Other: \_\_\_\_\_

**CAMP PAYMENT**

CAMP FEES \$ \_\_\_\_\_ FIELD TRIP FEE \$ \_\_\_\_\_  
 SUBTOTAL \$ \_\_\_\_\_ TAX \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_  
 NOT PAID                      PAID                       CSH     CHQ     DBT     CC

**\* EXTRA CARE FEES WILL BE CHARGED THE LAST DAY OF THE EACH DAY WITH CASH ONLY.**

**TERMS AND CONDITIONS**

**REFUNDS & TRANSFER & CANCELLATIONS**

PLEASE NOTE THAT ALL CANCELLATIONS AND CHANGES ARE SUBJECT TO THE POLICIES BELOW, WITHOUT EXCEPTION.

**REFUND POLICY**

- All cancellations must be made e-mail to kbbma.info@gmail.com or letter to the KBBMA Office.
- Refunds, \$25.00 administrative charge per child/per day, will be issued for all camp session cancellations up to 2 weeks prior to the first day of a camp session.
- Refunds, if you cancel the camps 1 week prior to the first day of camp session, 50% of camp fees will be issued.
- Refunds for medical reasons are available only upon presentation of a doctor’s certificate to KBBMA Office.
- Pro-rated refunds are NOT available for days absent, or other services not fully utilized. The full camp’s fees are due and payable if a child is registered and attends any part of a session.

**TRANSFER POLICY**

- All transfer requests must e-mail to kbbma.info@gmail.com or letter to the KBBMA Office.
- All transfers will be subject to a mandatory \$25.00 administrative charge for each transfer for each child.
- Requests for transfers will be accepted up to 2 weeks prior to the first day of a camp session, provided there is sufficient room in the preferred camp session.

**CONDITIONS OF ENROLLMENT**

Master Kang’s Black Belt Martial Arts reserves the right to terminate the stay of any camper when it is understood to be in the best interest of either the child or the camp.

I hereby release Master Kang’s Black Belt Martial Arts from all claims for damages arising from any accidents or injury which are caused during normal play from participation of the camper named herein during any program, in any facility, or at any location where a program is being held.

I hereby give permission for said camper to participate in all camp activities and trips (fully supervised) both on and off camp property. I hereby give camp directors full authority to act on my behalf in case of an emergency.

I have read and I understand the above conditions of enrollment and hereby agree to all terms and conditions in this application.

I / We certify that I / We have read both sides and understand the terms of this agreement and agree to abide by such terms and acknowledge receipt of a true copy of this agreement. I / We acknowledge and understand that this agreement is not based on usage and that I / We are bound to the terms.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_