

“Kickin It” Summer Camp Program

Membership Agreement
American Kenpo Karate Studio
220 Business Center Drive
Reisterstown, Maryland 21136
(410) 833-6090

Student’s Name: _____

Section I

Terms and Conditions

I, as the Buyer, enter into this Agreement with American Kenpo Karate Studio (hereinafter referred to as “the Studio”), and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the Studio by virtue of my membership as follows:

WAIVER AND RELEASE: I and my child(ren) fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to the Studio that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the Studio. We acknowledge that the Studio shall make no, and shall have no responsibility to make an independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the Studio’s facilities or equipment on or off the premises of the Studio shall be at our own risk. I authorize American Kenpo Karate Studio to transport my child to required fields trips.

I understand and agree that the Studio will not be held liable for injuries, damages, etc., not caused by or resulting from negligence of the owners, operators, employees or persons in charge of such establishment out of or in connection with our participation in any program or course of instruction either on or off the premises of the Studio. We understand and agree that the Studio shall not be responsible for the conduct of other users of the Studio or its facilities or equipment., or participants in the Studio’s off-premises programs, or for any injury or damage to property resulting from such conduct and we shall bring any action proceeding against the Studio for any payment compensation or claim for any injury or loss of property caused by any such user.

LOSS/DAMAGE/THEFT OF PROPERTY: We understand and agree that neither the Studio, nor its officers, directors, agents, instructors or employees shall be responsible for any personal property which is damaged, lost, or stolen in or around the Studio or its facilities, or any of the Studio’s off-premises events.

RULES AND REGULATIONS: I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the Studio has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulations. We acknowledge that we have been provided with a copy of all current rules and regulations.

We understand that our membership and the right to use the Studio’s facilities and programs may be suspended at any time, with or without cause.

PHOTOGRAPHS: We hereby authorize the Studio and its agents, successors and assigns to photograph and/or video tape me or my child(ren) and/or our voice without restriction and to utilize such photographs/videos and/or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of the Studio, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such us.

Notice of Consumer's Rights

1. Our Studio registration number is E2942.
2. Our Studio is not required to carry a performance bond under regulations since we do not collect more than three months tuition in advance or an initiation fee over \$200.00.
3. You have the right to cancel this contract within three (3) business days after receipt of a copy of this contract. Cancellation must be in writing and delivered either in person or by certified or registered mail to the Studio. You are entitled to a full refund if cancellation is received within three (3) business days.
4. If you become disabled for at least three (3) months during the membership terms and that disability is confirmed in writing by a physician, you have the right to an extension and/or termination of the contract.
5. If the Studio is closed for a month or more, you are entitled to your choice of either an extension of the contract or prorated refund, except if the closing is not the fault of the facility, which case the choice remedy is the Studio's.
6. This Notice of Consumer's Rights is an integral part of the Application and Contract for Membership. _____
(initials)

I UNDERSTAND MY RIGHTS AS STATED ABOVE

Parent's Signature: _____ Date

Parent and Child's Identification Record

Child's full name: _____ D.O.B _____

Child's preferred name: _____ Sex _____

Address _____ City _____ Zip _____

Mothers name _____ Phone _____

Home Address: _____ Zip _____

Place of employment _____ Phone _____

Cell Phone _____ Email _____

Fathers name _____ Phone _____

Home Address _____ Zip _____

Place of employment _____ Phone _____

Cell Phone _____ Email _____

T-Shirt Size: 6-8 10-12 14-16 Adult S M L XL

Release for Emergency Care

I hereby give consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Family Physician's name/health care resources

Phone

Allergies _____

Allergic to bee stings? Yes _____ No _____ Not sure _____ (check one)

Insurance Company covering child: _____

Policy Number _____ Group No. _____

Emergency Contact Persons

Name _____ Phone: _____

Name _____ Phone: _____

Signature _____ Date _____

Camper Health History

Child's Name _____

The Following information is required for a camper to be admitted to day camp

CAMPER IMMUNIZATION INFORMATION

All campers must be current on immunizations, see [www.EDCP.org\(immunization\)](http://www.EDCP.org(immunization))

- 1. Provide Date (month and year) of camper's last tetanus (or DTP) shot:** _____
2. Is camper currently enrolled in a Maryland school, public or private?
LI YES, Provide name of Maryland School: _____
LINO, provide a copy of immunization confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood immunization schedule. See www.EDCP.org for information.
3. Is the camper exempt from any immunization on medical or religious grounds?
YES, provide a signed copy of Maryland Department of health and Mental Hygiene immunization certificate from either a licensed physician indication that the immunization is medically contraindicated, or the parent or guardian indicating they object to immunizations for religious reasons.

*******(THE DTP SHOT DATE MUST BE FILLED IN)*******

CONTACT INFORMATION:

Parent or Legal Guardian: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Camper's Physician _____ Phone: _____

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent or legal Guardians Signature: _____ Date: _____

Student Name _____

TAKE ADVANTAGE OF LAST YEARS PRICES FOR A LIMITED TIME:

Camp Fee: \$185.00 per week 10% discount for siblings

Registration fees: (Registration fee is to pay for all the exciting field trips)

2 weeks \$30, 3-4 weeks \$60, 5-6 weeks \$90, 7-8 weeks \$120, 9-10 weeks \$150 per child

Circle the dates below that your child will attend our summer camp program.

If filling out online put an X in the box of the weeks requested

(Closed 7/4)

6/18-6/22

6/25-6/29

7/02-7/06

7/09-7/13

7/16-7/20

7/23-7/27

7/30-8/03

8/06-8/10

8/13-8/17

8/20-8/24

We prefer full camp payment up front, but will accept the payment options below.

Registration Fee \$ _____ +
Weekly Fee \$ _____ X _____ Weeks = Total \$ _____
Deposit - \$ _____ = _____
Balance \$ _____

We require the first two weeks and the registration fee as a deposit to reserve spots

If you chose the payment plan, payment is due each Monday. It will be automatically debited from your account every Monday. This is a consecutive payment plan on each Monday starting at the first day of camp till the balance is paid in full. To change any billing process we need 15 days notice in writing.

**** These spots are reserved for your child as we only take a limited number of campers each week and there will be no refunds. *****

Your account will be charged for the weeks you have registered. _____ initial

Buyer Information

I, the buyer, agree to have funds electronically deducted according to the above schedule from the following account.

I authorize American Kenpo Karate Studio to debit \$ _____ from my bank account each week on Monday until balance is paid. There is a \$25.00 fee for any returned payments.

PLEASE PROVIDED A VOIDED CHECK *(please complete all information in full and clearly, even if the camper is a returning summer camper)*

Bank Name _____

Routing# _____

Account # _____

Name on Account _____

Driver License Number _____

Social Security Number _____

Signature _____ Date _

KICKIN' KIDS SUMMER CAMP 2012
"GEAR LIST"

1. **Spray sunscreen ONLY**, at least 30SPF. Student must apply sunscreen at home prior to coming to camp and it is to be reapplied throughout the day by the student when out in the sun.
2. Tennis shoes **MUST** be worn **EVERYDAY**.
3. Hat (with brim to block sun) or bandana is suggested.
4. Lunches with **COLD PACKS**, if needed.
5. On swimming days, bathing suit and towel. For non-swimmers, a swimming vest **MUST** be provided. **NO INFLATABLES!**
6. If you would like, spending money for field trips.
7. **EVERYTHING MUST BE LABELED WITH YOUR CHILD'S NAME.**

On field trip days, it is important that you realize camp starts at 9:00 a.m. and ends at 5:00 p.m. and we will be out all day. If your child is going to be late or needs to be picked up early, you must check with us to see if we can accommodate the situation.