Ko's Yong In Martial Arts

Summer Camp Registration Form

860 South Illinois Rt 59
Bartlett IL, 60103
(630) 736-9225

Campers:

First Name:_____ Last Name:_____ D.O.B: ___/___/_____ Age: _____

First Name:_____ Last Name:_____ D.O.B: ___/___/_____ Age: _____

First Name:_____ Last Name:_____ D.O.B: ___/___/_____ Age: _____

Parents (Guardians):

First Name:_____ Last Name: _____D.O.B: ___/___/____

Address: _____

City: _____ State: IL Zip Code: _____

Email:_____ Phone #:_____

Emergency Contact Person:_____ Emergency Phone # _____

Camps student will be attending

☐ May. 26th – 29th ☐ June. 1st – 5th ☐ June 8th – 12th | June 15th – 19th | June 22rd – 26th

☐ June 29th - July 3 ☐ July. 6th – July 10th ☐ July. 13th – July 17th | July. 24st - July 24th

☐ July. 27th – Jul 31st ☐ |

Late Pick up

☐ Daily ($10 per hour) – After 3:30pm

Pick up Authorization (Any person other than the enrolling parent must have a photo I.D. to pick up a camper)

*Any person who wishes to pick up a camper who is not listed below must have a photo ID & a written letter of permission from the parents

1. Name	2. Name
Address	Address
Relationship	Relationship
Daytime Phone#	Daytime Phone#

Camp Fees: (Family Discount - $15 per week) Early Registration: $195 (by May 2nd)

Early Registration ($195) ___ Regular Registration ($215) ___ Day by Day ($50) ___ Half Day ($35)___

(For Non-Members Early Registration is $215, Regular Registration will be $235)

Camp T-Shirts - $20 CHXS__ CHS__ CHM__ CHL__ ADS__ ADM__ ADL__

Total Camp Tuition: $_____ Total Down Payment: $_____ Balance: $_____

KO'S YONG IN MARTIAL ARTS CAMP

This is an addendum to your Summer Camp Contract dated as shown below ("Contract"). When this addendum is signed by both you and us, it will be incorporated into and become part of your Contract. Except as modified by this addendum, all terms and conditions of your Contract shall remain in full force and effect. To the extent that any specific provision of this addendum conflicts with the Contract, the provisions of this addendum shall control.

WAIVER AND RELEASE:

You (Student, Parent, and Guardian) agree that if you engage in any physical exercise or activity or use any facility on Ko's Yong In Martial Arts School premises, you do so at your own risk. This includes, without limitation, training and instruction, your use of any equipment, locker rooms, bathrooms, and your participation in these activities. You assume all risk of injury or the contraction of any illness or medical condition that might result. You, your child (minor or otherwise), personal representatives, heirs, executors, spouse, administrators, agents, assigns, or others, as applicable, release and discharge Ko's Yong In Martial Arts School, its masters, instructors, and teachers from any and all claims or causes of action arising out of our negligence. This Waiver and Release of all liability includes, without limitation, injuries that may occur as a result of your use of any facility or its improper maintenance, your use of any equipment that may malfunction or break due to improper maintenance, negligent instruction or supervision, or negligent hiring or retention of any employee, and loss of consciousness.

YOU ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY. IN ADDITION, YOU HEREBY WAIVE ANY RIGHT YOU MAY HAVE, ON BEHALF OF YOURSELF, YOUR CHILD (MINOR OR OTHERWISE), OR YOUR SPOUSE, TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST KO'S YONG IN MARTIAL ARTS SCHOOL, ARISING OUT OF OR RELATING TO YOUR, YOUR CHILD'S, OR YOUR SPOUSE'S PARTICIPATION IN ANY OF THE ACTIVITIES, USE OF THE EQUIPMENT, FACILITIES, OR SERVICES WE PROVIDE, AS DESCRIBED IN THIS WAIVER, OR ON ACCOUNT OF ANY ILLNESS, ACCIDENT, DAMAGE TO, OR LOSS OF YOUR PERSONAL PROPERTY.

Medical Information

Any Medical Problems? Yes ( ) No ( )

Please list: _____

On any medication? Yes ( ) No ( )

Please list: _____

Ko's Yong In Martial Arts requires all members to obtain a physical examination from their physician prior to participation in any class. In recognition of the possible dangers associated with any physical activity, including the strenuous nature of martial arts and combative activities, no one can positively assure the members or instructors that injury will not occur during properly supervised practice sessions, instructional periods, or contests. Members voluntarily waive any right or course of action against the above-named school, its officers, employees, or instructors.

OUTSIDE ACTIVITY PERMISSION FORM

I give my permission for the staff of Ko's Yong In Martial Arts Camp to take my child on any prearranged outside activities during the camp.

Parent or Guardian Signature: _____ **Date:** ____/____/ 20____

Master or Manager Signature: _____ **Date:** ____/____/ 20_____