



# Summer Camp 2023

## Hours of Operation

- Monday - Friday
- 7:30am - \*5:30pm
- Ages 5 years and up
- **CLOSED - Monday, July 3rd - Friday, July 7th**

## Registration

All campers are required to pre-register. Limited space available. Parents/Guardians must complete all registration forms along with a \$50 registration fee.

## Fees and Payment Schedule

**\*\*Tuition: \$135 per week/12 weeks (with a card on file if program is not paid in full).**

***Weekly payments are drafted from the card on file every Thursday morning!***

Late Charges: If payment is made after Thursday at pick-up, a fee of \$10 will be assessed.

## Drop-Off and Pick-Up

Drop-off time begins at 7:30am. Pick-up time is at 5:30pm. The child will be released only to authorized persons as listed on the registration form by the parent/guardian.

- Monday-Wednesday and Friday, all students must be dropped off by 9am
- On Thursdays, all students must be dropped off by 8am

## Lunch and Snacks

Send your child with **1 packed lunch and 2 snacks**. Please avoid lunches that need to be microwaved or stored in the refrigerator. Your child must have a lunch box for lunches; please no plastic bags. If your child is celebrating a birthday and you would like to bring snacks for the summer camp, please let us know.

## What to Wear/Bring

Play clothes, SNEAKERS ONLY, and a FUN and PLAYFUL ATTITUDE!

***See Thursday Field Trip Schedule for specific trip instructions.***

## Medication

Medication (prescription or over-the-counter) will not be administered to any student by our staff.

*\*A late fee of \$5 will be collected for students picked up after 5:30pm.*

*\*\*All tuition payments are nonrefundable.*





### **Illness and Absences**

If your child cannot attend the program because of illness, scheduled appointments, vacations, etc., please inform us. If any emergencies occur, we will attempt to contact the parent/guardian first. If he or she cannot be reached, we will contact the emergency contact person on the registration form. Summer Camp fees are non-refundable. **If your child/children will be absent during a particular week, please notify us. That slot will be made available to someone on our waiting list!**

### **Insurance**

Parents/Guardians are **required** to provide accident/health insurance coverage for their children in order to participate in the Summer Camp Program. Please provide a photo copy of insurance coverage.

### **Sunscreen**

Monday through Friday, please send your child/children with sunscreen already on. Also, place a bottle of spray sunscreen in their bag everyday just in case more is needed.

### **Rec. Park Pool**

Visits to the Rec. Park Pool happen weekly and the cost is \$3. Water shoes are recommended!

### **Movies**

Visits to the movies happen weekly. The cost is \$3 for admission, and \$6 for admission, a small bag of popcorn, and a small fountain drink.

### **Thursday Field Trips**

All students must be at the Karate Academy by 8am sharp on Thursday mornings. If the student is late, there is a good chance of missing the bus for the field trip that day!

For questions, please reach out to the contact information below.

WE ARE SO EXCITED FOR ALL THAT THIS SUMMER HOLDS FOR THESE AMAZING SUMMER CAMPERS!



# SUMMER CAMP REGISTRATION FORM

Please fill in the appropriate information below and return.

Enrollment Date:\_\_\_\_\_ Start Date:\_\_\_\_\_ Referred By:\_\_\_\_\_

## Child Information (for additional students, please list name(s) & date of birth on reverse side.)

Name:\_\_\_\_\_ / \_\_\_\_\_

DOB:\_\_\_\_ / \_\_\_\_ / \_\_\_\_

DOB:\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Guardian(s) Information

Guardian Name (1):\_\_\_\_\_

Address:\_\_\_\_\_

Phone: (Home)\_\_\_\_\_ (Work)\_\_\_\_\_ (Cell)\_\_\_\_\_

Email Address:\_\_\_\_\_

Driver's License:\_\_\_\_\_ SS#\_\_\_\_\_

Employer:\_\_\_\_\_ Job Title:\_\_\_\_\_

Employer Address:\_\_\_\_\_ City:\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_\_

Guardian Name (2):\_\_\_\_\_

Phone: (Home)\_\_\_\_\_ (Work)\_\_\_\_\_ (Cell)\_\_\_\_\_

## Emergency Contact Information

In case of emergency, notify:\_\_\_\_\_

Relationship to the child:\_\_\_\_\_ Phone:\_\_\_\_\_

Address:\_\_\_\_\_

Alternate emergency contact:\_\_\_\_\_

Relationship to the child:\_\_\_\_\_ Phone:\_\_\_\_\_

Address:\_\_\_\_\_

## Medical Care and Special Conditions

Does the child have any allergies or special needs? (please specify below)

\_\_\_\_\_

## Primary Care Provider

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone:\_\_\_\_\_

## Health Insurance Provider

Name:\_\_\_\_\_

ID:\_\_\_\_\_

Subscriber's Name:\_\_\_\_\_

## Emergency Situation Transportation Arrangement

Ambulance Service:\_\_\_\_\_ Child Will Be Taken To:\_\_\_\_\_

(Parents/Guardians are responsible for all emergency transportation charges)

## Parental/Legal Guardian Consent and Agreement for Emergencies:

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, including administration of Syrup of IPECAC if staff are so instructed by emergency medical service personnel, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date:\_\_\_\_\_ Parent's/Legal Guardian's Signature(1):\_\_\_\_\_

Date:\_\_\_\_\_ Parent's/Legal Guardian's Signature(2):\_\_\_\_\_

## TERMS & FEES

### MEMBERSHIP FEES

Your program membership begins on \_\_\_/\_\_\_/\_\_\_ and expires on \_\_\_/\_\_\_/\_\_\_ - OR 30 days from sign-up date. Your membership fee is \$\_\_\_\_\_ and is due in full upon execution of this agreement, unless the following section is completed. Your payment schedule will be \_\_\_\_\_ equal consecutive monthly payments in the amount of \$\_\_\_\_\_ each, with the first payment due on \_\_\_/\_\_\_/\_\_\_ and the last payment due on \_\_\_/\_\_\_/\_\_\_.

### TERMS AND CONDITIONS

- Payments not received by due date will have a \$5.00 late fee assessed. Additionally, **transportation will be discontinued until payment and application fees are paid in full.** We do not generate a payment history; therefore, it is advised that you keep record of your receipts.
- In the event your weekly payment is delinquent for more than one week, a \$5.00 late fee will be due for the first week. A \$10 late fee for each additional week thereafter may be assessed until all unpaid balances are paid in full.
- A returned check will have a service fee of \$25.00. For the second returned check, a \$30.00 service charge will be assessed. Additionally, the credit/debit card on file will be debited for the returned check(s) plus any outstanding fees, resulting in the right to have all future transactions made in the form of **cash only**. Your prompt payment is greatly appreciated.
- **THERE ARE NO REFUNDS.** However, as a courtesy, credit may be issued for services, equipment, or uniforms.
- If your child is absent for more than two weeks, you will lose your place in the After School and Summer Camp programs unless prior arrangements have been made with the school's administrative personnel.
- **I understand that Danny Antoine's Martial Arts & Fitness Academy is a martial arts school and not a daycare. As such, their stock-in trade is not supervision and care. The intent of Danny Antoine's Martial Arts & Fitness Academy is to teach martial arts physical and philosophical character building skills. I understand that Danny Antoine's Martial Arts & Fitness Academy is a martial arts school and is a drop-in facility. As such, my child is free to come and go. Additionally, if my child stays at the Danny Antoine Martial Arts & Fitness Academy facility, it is because of my direction and not Danny Antoine's Martial Arts & Fitness Academy's.**
- **WAIVER & RELEASE:** Buyer and student(s) agree that the student(s) is engaging in physical exercise, the use of equipment, and the use of Danny Antoine's Martial Arts & Fitness Academy's training and instruction facility which can be dangerous to the student(s) and could cause injury to the student(s). The student(s) is voluntarily participating in these activities and buyer and student(s) assume all risks of injury to student(s). Buyer and student(s) hereby waive and release any claim or right to sue Danny Antoine's Martial Arts & Fitness Academy employees or agents for injury to student(s). Buyer and/or student(s) have carefully read this waiver and release and fully understand it is a release of all liabilities and damages to Danny Antoine's Martial Arts & Fitness Academy because of any injury that may occur. Danny Antoine's Martial Arts & Fitness Academy will make no explanation or recommendation as to whether the student(s) or guests are physically fit for any exercise. It is always advised to consult your physician before undertaking a physical exercise program, particularly martial arts activities.

# TERMS AND CONDITIONS

- **LOSS/DAMAGE/THEFT OF STUDENT(S) PROPERTY:** Danny Antoine's Martial Arts & Fitness Academy does not assume any responsibility for the loss, damage, or theft of any property belonging to the student(s), and the student(s) agrees that the academy and its personnel are not responsible for or liable for any such property, even if loss, damage, or theft occurs on or about the academy's facility.

Authorized Signature:\_\_\_\_\_ Date:\_\_\_\_\_

**PARENTS: IN CASE OF EMERGENCY, PLEASE LIST THE NAMES AND PHONE NUMBERS OF ANYONE AUTHORIZED TO PICK UP YOUR CHILD/CHILDREN, PLUS ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THE AGREEMENT.**

## PHOTO WAIVER & RELEASE: Please check the appropriate box below and sign.

Photographs and videos may be taken during summer camp for social media and marketing use.

☐ I give permission for my child's image to be used in any/all media.

☐ I do NOT give permission for my child's image to be used.

Signature:\_\_\_\_\_ Date:\_\_\_\_\_

## TRAVEL AGREEMENT

I hereby give permission for my child/children, \_\_\_\_\_, to travel to all field trips in connection with the Summer Camp Program at Danny Antoine's Martial Arts & Fitness Academy. I have received a copy of planned field trip activities and I agree that my child is voluntarily participating in these activities. I, as the parent/guardian, assume all risks of injury to my child. I hereby waive and release any claim or right to sue Danny Antoine's Martial Arts & Fitness Academy employees and agents for injury to my child during these activities or transportation to and from said activities.

Parent/Guardian Signature:\_\_\_\_\_ Date:\_\_\_\_\_

Relationship to Child:\_\_\_\_\_

## STUDENT AGREEMENT

**PLEASE NOTE:** To reserve your place weekly, **payment is due on the Thursday before the week of attendance.** With a credit card on file & authorization guaranteeing weekly payment, you will have a payment grace period until Friday. In the event of nonpayment by due date, you authorize your credit card to be charged for the amount due plus any applicable late fees and/or outstanding balances.

### Payment Information

☐ Cash ☐ Check ☐ Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Card Number:\_\_\_\_\_ Expiration:\_\_\_\_\_ CVV:\_\_\_\_\_

Print:\_\_\_\_\_ Signature:\_\_\_\_\_ Date:\_\_\_\_\_