



941-926-0355

www.atasarasota.com

Summer Camp Enrollment Form 2017

Please check box for weeks of camp

Karate Kids 5-13 years old 8:00am-4:00pm

<input type="checkbox"/> June 7-9**	<input type="checkbox"/> July 3-7*	<input type="checkbox"/> Aug 7-11
<input type="checkbox"/> June 12-16	<input type="checkbox"/> July 10-14	
<input type="checkbox"/> June 19-23	<input type="checkbox"/> July 17-21	
<input type="checkbox"/> June 26-30	<input type="checkbox"/> July 24-28	

After Care @ \$20/wk	
Yes	No

**3 day camp week, prorated

*4 day camp weeks, prorated

A 50% **Non Refundable deposit** is required to hold your week.

This will not be refunded for any reason (ie. illness, change of plans, etc.) We offer extended hours if needed: \$7 per hour/\$4 per ½ hour. \$20 per week up to **5:30pm**. (ANY EXTENDED HOURS NEEDED MUST BE PRE-PAID)

Karate Kids

\$195 Non members \$185 Members (after care available, must be prepaid)

STUDENT NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

SCHOOL YOUR CHILD ATTENDS _____ SEX M F

HOW DID YOU HEAR ABOUT US _____

DATE OF BIRTH: _____ AGE _____

PARENT'S NAME: _____

PARENT'S NAME _____

GRANDPARENTS NAMES (IF INVOLVED IN TRANSPORTATION) _____

HOME PHONE _____ WORK PHONE _____

CELLULAR PHONE _____

EMAIL ADDRESSES _____

HAVE YOU TRAINED IN MARTIAL ARTS BEFORE? _____

WOULD YOU LIKE TO CONTINUE AFTER CAMP? _____

CURRENT ATHLETIC ACTIVITIES _____

DO YOU HAVE ANY MEDICAL PROBLEMS THAT YOUR INSTRUCTOR SHOULD BE AWARE OF? (if yes, please explain on the back of this page) _____

DO YOU HAVE ANY LEARNING OR PHYSICAL CHALLENGES (ADD, ADHD, ETC) This is asked only to benefit the student _____

IMPORTANT: WE MUST HAVE A CREDIT CARD ON FILE FOR ANY INCIDENTALS, AFTER CARE, ETC.:

cc# _____ Expiration date _____ v-code _____

ARE YOU AWARE THAT WE OFFER A MULTI-FAMILY DISCOUNT ? _____

 (Parent Initials) ****PHOTO RELEASE**** I hereby authorize Trautwein's ATA to publish photographs and/or video of myself and/or the minor child listed on this form, and our names and property, for use in Trautwein's ATA's print, online and video-based marketing materials, as well as other publications.

NOTICE: THE ACADEMY URGES ALL MEMBERS TO OBTAIN A PHYSICAL EXAMINATION FROM THEIR PHYSICIAN PRIOR TO THE ATTENDANCE IN ANY TAEKWONDO OR PROTECH CLASS, IN RECOGNITION OF THE POSSIBLE DANGERS CONNECTED WITH ANY PHYSICAL ACTIVITY. MEMBER(S) HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT OF CAUSE OF ACTION OF ANY KIND WHATSOEVER ARISING AS A RESULT OF SUCH ACTIVITY FROM WHICH LIABILITY MAY OR COULD ACCRUE TO THE ACADEMY, ITS OFFICERS, AGENTS, EMPLOYEES OR INSTRUCTORS.

I HAVE READ THE ABOVE _____ Signature of Parent or Legal Guardian

OFFICE USE ONLY	
Date	_____
Camp Balance	_____
After Care Bal.	_____
TOTAL	_____
50% down pmt	_____
Discount?	_____
Remaining Bal.	_____
Weekly Amt.	_____
Add-On Week Notes	