



**941-926-0355**

**www.atasarasota.com**

## Summer Camp Enrollment Form 2018

Please check box for weeks of camp

**Karate Kids 5-13 years old 8:30 am-4:00 pm**

- |   |                                     |                                      |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> May 29-June 1* | <input type="checkbox"/> June 25-29 | <input type="checkbox"/> July 23-27  |
| <input type="checkbox"/> June 4-8       | <input type="checkbox"/> July 2-6*  | <input type="checkbox"/> August 6-10 |
| <input type="checkbox"/> June 11-15     | <input type="checkbox"/> July 9-13  |                                      |
| <input type="checkbox"/> June 18-22     | <input type="checkbox"/> July 16-20 |                                      |

\*4 day camp weeks, prorated

After care needed until 5:30?

Yes      No

**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 1/2 hour. \$30 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	