



EAST WEST TAE KWON DO

SUMMER CAMP APPLICATION 2020

STUDENT NAME _____ DATE OF BIRTH _____

T-SHIRT SIZE _____

PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____

MOM'S CELL PHONE: _____ DAD'S CELL PHONE: _____

E-MAIL ADDRESS: _____

I. EMERGENCY CONTACT:

1st Emergency Contact
(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact
(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

II. HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO
 YES, Explain _____

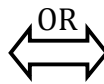
2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO
 YES, Explain _____

III. IMMUNIZATION INFORMATION:

For campers who reside **within** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

2. Is this child exempt from any immunizations? [] NO
[] YES, List them: _____



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Please select the session(s) your child will be attending.
The cost for 2 or more session is \$350 per session.
Full payment due by May 1st.
INCLUDE LATE FEE OF \$50 AFTER MAY 1st & REGISTRATION FEE OF \$75 AFTER JUNE 1st.

Session 1: June 8-12
 Session 2: June 15-19
 Session 3: June 22-26
 Session 4: June 29 - July 3
 Session 5: July 6-10
 Session 6: July 13-17
 Session 7: July 20-24
 Session 8: July 27-31
 Session 9: Aug. 3-7
 Session 10: Aug. 10-14
 Session 11: Aug. 17-21

IV. WAIVER for FIELD TRIPS, PHOTOGRAPHY & MEDICAL CONSENT:

Please indicate your: Child's Swimming Ability: _____

Campers will go swimming every Tuesday from 11:30am to 1:45pm at the River Falls Pool, 7915 Horseshoe Lane, Potomac, MD.
Campers will go on a field trip every Thursday to various places including but not limited to Shadowland, Bounce U, movie, Putt-Putt, or swimming, etc...

- In consideration of the acceptance of this application for summer camp, I hereby waive and release all claims for myself, my heirs and assigns, against East West Tae Kwon Do and Saints Peter and Paul Church, their directors, officers, instructors, employees, agents, and volunteers for any and all illness, injuries or damage that the camper or his/her property may suffer or incur as a result of or in any way relating to his/her participation in, or travel to or from, East West Tae Kwon Do Summer Day Camp activities at East West Tae Kwon Do and/or at Saints Peter and Paul Church.
- I give permission for my child to be taken on field trips, off the camp grounds supervised by staff, whether by van, bus, or foot. I hereby release and hold harmless the school, its agents and employees, from all claims, damages or other liabilities for injuries to the student which are not the result of gross negligence by the school, its agents or employees.
- I hereby authorize and give full consent to East West Tae Kwon Do to publish and copyright all photographs in which my child appears while enrolled as a summer student. I agree that East West Tae Kwon Do may use photographs, videos, written extractions, and voice recordings of my child for the purpose of illustrations, publications and websites.
- I authorize East West Tae Kwon Do, when I cannot be reached, to take my child to the emergency room of the nearest hospital, at my expense, and the hospital has my authorization to provide treatment that a physician deems necessary for the well being of my child.
- I hereby approve the foregoing and affirm that I have the legal right to issue such consent.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____