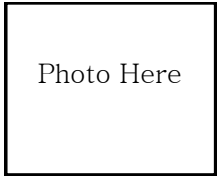


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# 2025



## Summer Camp Program Enrollment Registration Form

### Child Information:

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SCHOOL: \_\_\_\_\_

### Parental Information:

Father's Name: \_\_\_\_\_ Mother's Name : \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: : \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Information:

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_  
 Policy No: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

I agree to waive any and all claims against persons connected with Yong in Martial Arts Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise. I understand that Yong In Martial Arts Academy reserves the right to remove any child from the program and Yong In Martial Arts Academy is not responsible for personal property lost or stolen while members and/or program participants are using Yong In Martial Arts Academy's facilities or on premises. I give permission to the Yong In Martial Arts Academy to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Yong In Martial Arts Academy programs. This also serves as specific permission to transport your child to and from the facility for Tae Kwon Do.

I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the Yong In Martial Arts Academy. I agree to adhere and abide by the policies of Yong In Martial Arts Academy.

**FEES: 5 half-days (ends @ 12 pm or noon to 6:30pm): \$179.00**

**1 day: \$99.00      2-3 days \$189.00      4 -5 days: \$249.00**

\* Credit Card Visa [ ] MasterCard [ ] # \_\_\_\_\_ Exp. [ / ]

Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Yong In Martial Arts Academy

6700 Fleet Drive \* Alexandria, VA \* 22310 ☎ 703.313.8804



## 2025 Summer Camp



Check all dates ( ✓ ) that student will be attending camp.

### Summer Full Day Camp

Cost: only \$249/week

\*Closed July 4th for Independence Day Holiday\*

(Drop-off between 6:30-9:00am, Pick-up between 4:00-6:30pm)

<u>Week</u>	<u>Period</u>	<u>Attending</u>
Week 1	06 / 09 ~ 06 / 13	(   )
Week 2	06 / 16 ~ 06 / 20	(   )
Week 3	06 / 23 ~ 06 / 27	(   )
Week 4	06 / 30 ~ 07 / 03	(   )
Week 5	07 / 07 ~ 07 / 11	(   )
Week 6	07 / 14 ~ 07 / 18	(   )
Week 7	07 / 21 ~ 07 / 25	(   )
Week 8	07 / 28 ~ 08 / 01	(   )
Week 9	08 / 04 ~ 08 / 08	(   )
Week 10	08 / 11 ~ 08 / 15	(   )
Week 11	N/A	(   )
Week 12	N/A	(   )

Date Paid	\$Amt	Cash	Check	C/C
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### Summer Half Day Camp

Cost: only \$179/week

\*Closed July 4th for Independence Day Holiday\*

(Drop-off between 6:30-9:00am, Pick-up by 12:00pm)

### Medical Information

	Yes	No
Does you child/children have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child/children have any allergies/medical concerns?	<input type="checkbox"/>	<input type="checkbox"/>
◆ If yes, please explain: _____		
Does your child/children take medication?	<input type="checkbox"/>	<input type="checkbox"/>
◆ If yes, please list: _____		
Does your child/children have and health issues?	<input type="checkbox"/>	<input type="checkbox"/>
◆ If yes, please explain: _____		