



2024

Photo Here

Summer Spring Camp Program Enrollment Registration Form

Child Information:	D.O.B: / /
Student Name:	
Student Name:	D.O.B:/ D.O.B: / /
Student Name:SCHOOL:	
Parental Information:	
	Mother's Name :
	Home Phone:
Work Phone:	
Cell Phone:	
Address:	Address:
Email:	
Emergency Information:	Phono:
Relation: Family Ph	Phone: Phone: Phone:
	Thone.
Policy No: Expi	ration:/ Phone:
Address:	
I agree to waive any and all claims against arve as permission to have the above student(should the situation arise. I understand that Yong ogram and Yong In Martial Arts Academy is no ogram participants are using Yong In Martial Arts Academy to use, without limitation arrose of promoting or interpreting Yong In Martial Arts of promoting or interpreting Yong In Martial Arts of promoting or interpreting Yong In Martial Arts Academy to use, without limitation arrose of promoting or interpreting Yong In Martial Arts Academy to use, without limitation are accepted to the Waiver and accept the conditions.	persons connected with Yong in Martial Arts Academy. This should also by transported and to receive any and all emergency medical health care in Martial Arts Academy reserves the right to remove any child from the not responsible for personal property lost or stolen while members and/ourts Academy's facilities or on premises. I give permission to the Yong I or obligation, photographs, film footage, my child's image or voice for artial Arts Academy programs. This also serves as specific permission to Ekwon Do. ditions set forth above and, am in sympathy with the Goals and purposes of the and abide by the policies of Yong In Martial Arts Academy.
FEES: 5 half-days (e	ends @ 12 pm or noon to 6:30pm): <u>\$179.00</u>
1 day: <u>\$99.00</u> 2	2-3 days <u>\$189.00</u> 4-5 days: <u>\$249.00</u>
Credit Card Visa [] MasterCard []] #Exp. [/]
uardian:	Date: / /

Yong In Martial Arts Academy



2024 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)

Closed July 4th for independence Day Holiday (Dro				
<u>Week</u>	<u>Period</u>	Atte	nding	
Week 1	06 / 03 ~ 06 / 07	()	
Week 2	06 /10 ~ 06 / 14	()	
Week 3	06 / 17 ~ 06 / 21	()	
Week 4	06 / 24 ~ 06 / 28	()	
Week 5	07 / 01 ~ 07 / 05	()	
Week 6	07 / 08 ~ 07 / 12	()	
Week 7	07 / 15 ~ 07 / 19	()	
Week 8	07 / 22 ~ 07 / 26	()	
Week 9	07 / 29 ~ 08 / 02	()	
Week 10	08 / 05 ~ 08 / 09	()	
Week 11	08 / 12 ~ 08 / 16	()	
Week 12	N/A			

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

Closed July 4th for Independence Day Holiday

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

Cost: only \$179/week

Medical Information				
	Yes	No		
Does you child/children have asthma?				
Does your child/children have any allergies/medical concerns?				
♦ If yes, please explain:				
Does your child/children take medication?				
♦ If yes, please list:				
Does your child/children have and health issues?				
♦ If yes, please explain:				