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Winter Camp Program Enrollment Registration Form

Dec 21st-23rd 2026 & Dec 28th-30th 2026 (2 weeks)

CLOSED DEC. 24-26th, 31st, & JAN. 1st-2nd

Photo Here

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.

Fee: \$240.00 (per week)

*Credit Card Visa[] Master[] # _____ Exp. [/ /]

Guardian: _____ Date: ____/____/____