

R	P	U	T
---	---	---	---



## Winter Camp Program Enrollment Registration Form

*Dec 22nd-26th 2025 & Dec 29th-Jan 2nd 2026 (2 weeks)*

**CLOSED DEC. 24-25th, 31st, & JAN. 1st**

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: \$249.00 (per week)

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

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