

H.K. Lee's Academy of Tae Kwon Do – 465 Herndon Parkway-Herndon, VA 20170
2008 SPECIAL CHILDREN'S SUMMER CAMP REGISTRATION FORM
(Open to Current Students, Beginners, & the General Public)

Buyer/Parent Name: _____ SSN: _____ Gender: M F
First Middle Last

Phone: Home () _____ Work () _____ Cell() _____

Address: _____ Email: _____

Students Name: 1. _____ 2. _____ 3. _____

Date of Birth: 1. ___/___/___ Age ___ M F 2. ___/___/___ Age ___ M F 3. ___/___/___ Age ___ M F

Form of Martial Arts: Tae Kwon Do Karate Other _____ Years of Training _____ Present Rank _____

Emergency Contact Name and Phone: _____

Health Condition (List any physical defects): _____

Have you been hospitalized in the last three years? _____
 If yes, then please explain: _____

Do you have any medical problems such as epilepsy, diabetes, high blood pressure, or asthma? _____
 If yes, then please explain: _____

FEE SCHEDULE: Register for _____ Weeks (Circle the dates below)

June 23-27, 30-7/3, July 7-11, 14-18, 21-25, 28-August 1, 4-8, 11-15, 18-22, 25-29

Reserve / Registration Fee \$ _____ T-Shirt Fee \$ _____ Paid On: ___/___/___ Uniform: Regular() Summer ()

Total Camp Fee \$ _____ + Field Trip Fees \$ _____ (___)wks - Down Payment \$ _____ = Unpaid Balance \$ _____
(Applied to 1st week of camp)

At the Rate of: \$ _____ (Check One) Per Week _____, Bi-Weekly _____, Every 4 Weeks _____, Other _____

First Payment beginning on ___/___/___ (_____) and continuing for _____ Consecutive Times

Credit Card (Name/ #) _____ Exp. Date _____ Code: _____ Initials _____
(Attach a Void Check here for EFT payment)

- Advanced Payment required no later than Friday before your next billing cycle. If payment is not received by Friday before 6:30 P.M., we will charge it to your credit card account. (There will be a \$20.00 service charge for any returned checks, declined EFT or Credit Card payments).

Consent and Release Form**

I, the undersigned member, hereby acknowledge that I am aware of the strenuous physical exercise involved in the participation of the Children's Summer Camp given by the sponsors. I hereby consent to hold the sponsors free of any and all liability, claims, or actions whatsoever, arising from any injuries, accidents, illness, etc., due to the attendance of the H.K. Lee's Academy of Tae Kwon Do Children's Summer Camp.

I, the Enrollee or member irrevocably authorize the Center, its successors and assigns, and those acting under its authority, to copyright, use, publish for art, advertising, trade, or any other lawful purpose whatsoever, photographic portraits, pictures, or videotapes of Enrollee(s), in which Enrollee(s) may be included in whole or in part.

I hereby consent to allow the sponsors to take such actions as is necessary to contact and provide emergency and medical assistance.

The undersigned hereby enrolls my son _____ daughter _____ for the Children's Summer Camp.

The undersigned for the purpose of enjoying the benefits of instruction agrees to the below conditions:

1. I pledge to take care at all times to avoid injury to my fellow classmates and myself.
2. I pledge never to use the knowledge gained from this Summer Camp, except to protect the honor of the defenseless & myself.
3. I understand that I must stay with my team at all times and will contribute to the team spirit as well as help my team unite as a group.

I, the undersigned, upon being permitted to join the Children's Summer Camp, will obey the rules, will endeavor to conduct myself in the manner of a student in Tae Kwon Do in my daily life and in class, and will never do anything to bring disgrace upon the art. I am fully capable of reading and understanding English. I have answered everything truthfully and completely. I hereby swear that I will faithfully fulfill my duty.

Cancellation/Modification Policy

- ** It is understood and agreed that any payment received will not be returned to the student or buyer for any reason.
 - ** Before Camp begins one month (after Camp begins only 2 weeks) written notice is required to cancel or modify your summer camp agreement
 - ** In addition to forfeiture of the down payment, a \$50 cancellation fee (even for only one week) and/or modification fee will be charged.
 - ** In addition, if you receive a discounted rate, then cancel any number of weeks or switch weeks, a back payment will be applied.
- (Your payments will then be changed at the non-discounted rate of \$195/week for all the weeks you have attended and will attend.)

Student Signature(s): _____ **Buyer Signature:** _____ **Date:** _____

Registrar's Signature: _____ **Date:** _____