BLACK BELT KARATE CENTER
SUMMER HEAT DAY CAMP–REGISTRATION FORM

STUDENT NAME _____T-SHIRT _____ DOB _____
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PARENTS(S)_____
EMAIL _____HOME PHONE_____CELL_____
ADDRESS:_____CITY _____ STATE ____
ZIP _____
EMPLOYER _____WORK PHONE _____

Other person(s) authorized to pick-up your child
Name _____ PHONE _____
Name_____PHONE_____

Weeks your child will be attending- Minimum 2 weeks – PLEASE CIRCLE EACH WEEK

Week 1 June 2-6	Week 6 July 7-11	Week 11 Aug 11-Aug 15
Week 2 June 9-13	Week 7 July 14-18	Week 12 Aug 18-Aug 22
Week 3 June 16-20	Week 8 July 21-July 25	Week 13 Aug 25-Aug 29
Week 4 June 23-27	Week 9 July 28-Aug 1	
Week 5 June 30- July 4	Week 10 Aug 5-Aug 8	

RATE: _____ NOTES:_____

A one-week deposit is required in addition to your registration fee and is applied to your last week (non refundable)

New: $125 reg fee – non refundable – includes uniform, t-shirt & back pack
Current: $80 reg fee – non refundable – includes camp t-shirt
Elite Black Belt Team: $40 (no t-shirt inc)

Current 4C: $25 reg fee – includes camp shirt
New 4C: $45 reg fee-inc uniform, t-shirt, backpack

You are guaranteed a spot for the reserved week - you are responsible for weekly fee amount of registered weeks-All registration & weekly fees are nonrefundable.

Medical information

Family Doctor
_____Phone_____
_____

Preferred hospital
_____Other_____
_____

Allergies
_____Medications_____
_____

Is student limited or prohibited from any activities? Yes
_____ No____

Explain:_____
_____

Does student swim? YES___ N0___ To what extent? BEG_____
INT_____ ADV_____

I hereby authorize the program supervisor to arrange for transportation and treatment of my child. I understand that I am financially responsible for any expenses incurred on behalf of my child in seeking medical attention and providing transportation, and authorize medical attention and providing transportation, and authorize medical personnel to initiate treatment immediately as necessary to my child. I hereby agree to waive any and all claims for personal injury, damage, or other loss that may arise out of my activities at the Black Belt Center and further agree to hold harmless and indemnify the center, its principals, employees, agents and other students for any such injuries or loss.

Signature _____

Date _____

Field trip permission: I hereby give my child permission to attend all field trips with the Black Belt Karate Center. I understand that scheduled trips are subject to change.

Signature _____

Date _____

This form is effective for one year from the date signed.

To register: Call 407-855-8585 Or by mail: 4516 Hoffner Ave Orlando FL 32812

Include your registration fee – major credit cards accepted

Office Use Only:

REG FEE PD: AMT:_____Date_____DEPOSIT PD

AMT:_____Date_____ WK FEE_____

BlackBeltKarateCenter.com