WWW.BLACKBELTKARATECENTER.COM

BLACK BELT KARATE CENTER – SUMMER HEAT DAY CAMP

2024 REGISTRATION FORM

STUDENT NAME _____ T-SHIRT _____ DOB _____
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PARENTS(S)_____
EMAIL ADDRESS:_____
ADDRESS _____ HOME PHONE_____
CITY _____ STATE _____ ZIP _____ CELL PHONE_____
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 3-7	Week 5	July 8-12	RATE: _____
Week 2 June 10-14	Week 6	July 15-19	
Week 3 June 17-21	Week 7	July 22-26	NOTES:_____
Week 4 June 24-28	Week 8	July 29-Aug 2	
	Week 9	Aug 5-9	

A 1 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 & camp 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, tshirt, 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___ NO___ 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_____