



Flying Kick Summer Camp™

June 19-August 25, 2017

We provide a fun and safe environment where each camper can grow and achieve according to his or her ability.

ENROLLMENT CHECKLIST

To enroll your child in the Flying Kick Fitness Summer Day Camp, please complete the return the following forms/items:

- _____ Application Form
- _____ Medical Release Form
- _____ School Attendance Form
- _____ Photography Release
- _____ Camper Immunization Record (if camper does not attend school in Maryland)
- _____ Deposit - \$150* (FOR EACH FAMILY MEMBER)

*Payment in full is required for all campers by May 1, 2017

**10% Discount if paid in full by April 15.

FEES

| | | | | | |
|-------------|--------|-------------|--------|---------------|--------|
| One Week | \$ 325 | Five Weeks | \$1450 | Nine Weeks | \$2120 |
| Two Weeks | \$ 625 | Six Weeks | \$1670 | Ten Weeks | \$2220 |
| Three Weeks | \$ 920 | Seven Weeks | \$1870 | Five day pass | \$350 |
| Four Weeks | \$1200 | Eight Weeks | \$2020 | | |

SEND COMPLETED FORMS AND PAYMENT TO:

**Flying Kick Fitness Inc.
Re: SUMMER DAY CAMP
4711 Chase Avenue
Bethesda, MD 20814**

SUMMER DAY CAMP 2017

www.flyingkicktkd.com

mail@flyingkicktkd.com

301-951-0543



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APPLICATION FOR ENROLLMENT, page 2 of 5

Camper Name _____.

Age: _____ DOB _____ M/F: _____ Reg. Date: _____

CAMP DATES (please circle your choices)

Weeks of: 6/19, 6/26, 7/3*, 7/10, 7/17, 7/24, 7/31, 8/7, 8/14, 8/21

Five Day Pass: may be used anytime during the 10 week summer camp without reserving a space in advance and this pass can be used multiple days in a row. You may buy multiple passes if you choose.

Total Weeks Requested: _____

Parent/Guardian Name(s): _____.

Email: _____ Email: _____

Home Address: _____
_____.

Mother's CELL: _____.

Father's CELL: _____.

EMERGENCY CONTACT: _____.
(other than parents/guardians)

Camper's TaeKwonDo Rank (belt level) _____.

Camper's swimming ability: _____.

We offer a safe, fun, productive way for your child to spend his/her summer. Our campers have a great time and many return year after year!

*(Includes July 4 holiday – camp closed on July 4)



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PLEASE READ AND SIGN (page 3 of 5)

I would like to enroll my child _____ in the Flying Kick Fitness Inc.'s day camp program at Flying Kick Fitness Inc. and/or at the Concord Hill School for the following weeks during the summer of 2016: **6/19, 6/26, 7/3*, 7/10, 7/17, 7/24, 7/31, 8/7, 8/14, 8/21, Five day pass**

I understand the camp fees must be paid in advance, by May 1, 2017

I understand that TaeKwonDo and other related fitness activities may involve strenuous physical activity and I believe that my child is in adequate physical condition to safely engage in all such activities. I agree to inform instructors and supervisors of any inquiry or physical condition that might hamper my child's ability to engage in such activities safely. However, I recognize and acknowledge that even though I or my child has provided Flying Kick Fitness Inc. with such information does not make such individuals or Flying Kick Fitness Inc. or the Concord Hill School in any way responsible for the consequences of my child engaging or participating in such activities, or any other activities sponsored by Flying Kick Fitness Inc. and the Concord Hill School, notwithstanding any such injury or physical condition.

I, as parent or guardian of a camper, understand that Flying Kick Fitness Inc. takes reasonable precautions to ensure that programs and activities sponsored by Flying Kick Fitness Inc. at the Concord Hill School, Flying Kick Studio and/or elsewhere are conducted by qualified personnel in a safe and reasonable manner. However, I further understand that these activities involve certain risks of injury and include, but are not limited to, Tae wonDo training, various team sports, swimming, transportation to and from Bethesda Pool, etc. I, as a parent or guardian of a camper, recognize and assume these risks and hereby waive and release all claims for myself, my heirs and assigns, against Flying Kick Fitness Inc. and the Concord Hill School, their directors, personal representatives, officers, instructors, agents, supervisors, representatives and employees, for any and all illness, injuries or damage that the camper or his/her property may suffer or incur as a result of or in any way relating to his/her participation in, or travel to or from, Flying Kick Fitness Inc. Summer Day Camp activities at Flying Kick Fitness Inc. and/or at the Concord Hill School.

Additionally, I have read and understand that the \$150.00 deposit is due upon registration, and is non-refundable; refunds for other fees until May 1, 2017 only. I understand the deposit applies to my camper's summer account balance, and that all other payments must be made to Flying Kick Fitness Inc. by May 1, 2017.

Parent/Guardian signature _____.

Printed Name _____ Date: _____



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CAMPER HEALTH HISTORY (page 4 of 5)

NAME OF CAMPER: _____ AGE _____

The following information is required:

1st Emergency Contact (Parent or Legal Guardian)

Phone: _____

2nd Emergency Contact (Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? _____ NO

Yes, Explain: _____

2. Are there any medications, dietary restrictions, or special needs that we need to be aware of to ensure that your child's camp experience is positive? _____ NO

Yes, Explain: _____

IMMUNIZATION INFORMATION:

For campers who reside within the United States, a United States territory or the District of Columbia

OR For campers who reside outside the U.S., a U.S. territory or the District of Columbia .

1. State/territory in which child resides: _____

1. Country in which child resides: _____

Is this child exempt from any immunizations?

____ No ____ Yes: List them _____

2. Attach Department from DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian Signature _____ Date: _____



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SCHOOL ATTENDANCE FORM (page 5 of 5)

NAME OF CAMPER _____.

My son or daughter attends _____ **school.**

School Location: _____ **(city/state).**

_____ **My child is enrolled in a Maryland public or private school and therefore his/her immunization record is on file with the school and state and need not be submitted to the Flying Kick Fitness Camp.**

_____ **My child is not enrolled in a Maryland school**

And therefore

_____ **I have provided his/her immunization record to the Flying Kick Fitness Camp (must be submitted annually).**

Parent Signature _____.

Printed Name _____.

Date _____.