

Flying Kick Fitness, Inc.™



SUMMER DAY CAMP 2015

A safe, enjoyable environment where the best can emerge!

ENROLLMENT CHECKLIST

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

_____ **Application Form**

_____ **Medical Release Form**

_____ **School Attendance Form**

_____ **Photography Release**

_____ **Camper Immunization Record**
(Required only if camper does not attend a public or private school in Maryland)

_____ **Deposit - \$150* (FOR EACH FAMILY MEMBER)**

_____ **SPECIAL – 5 DAY PASS – USED**

ANYTIME DURING THE SUMMER CAMP

***Payment in full is required for all campers by May 1, 2015**

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

FEES

<i>One Week</i>	<i>\$ 299</i>	<i>Five Weeks</i>	<i>\$1355</i>	<i>Nine Weeks</i>	<i>\$ 2040</i>
<i>Two Weeks</i>	<i>\$ 570</i>	<i>Six Weeks</i>	<i>\$1575</i>	<i>Ten Weeks</i>	<i>\$ 2125</i>
<i>Three Weeks</i>	<i>\$ 845</i>	<i>Seven Weeks</i>	<i>\$1750</i>	<i>10% off 2nd family</i>	
<i>Four Weeks</i>	<i>\$ 1110</i>	<i>Eight Weeks</i>	<i>\$1915</i>	<i>15% off 3rd family</i>	

SEND COMPLETED FORMS AND PAYMENT TO:

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

SUMMER DAY CAMP 2015

**Flying Kick Fitness, Inc
4711 Chase Ave., Bethesda, MD 20814
www.flyingkicktkd.com**

APPLICATION FOR ENROLLMENT, page 2 of 5

Camper Name _____.

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

CAMP DATE (please circle your choices)

Weeks of: 6/15, 6/22, 6/29*, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10 ,8/17

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 Tae Kwon Do 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)

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4711 Chase Ave., Bethesda, MD 20814
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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 2014: **6/15, 6/22, 6/29**, 7/6, 7/13, 7/20, 7/27, 8/3, 8/10, 8/17**

I understand the camp fees must be paid in advance, by May 1, 2015

I understand that Tae Kwon Do 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 insure that programs and activities sponsored by Flying Kick Fitness Inc. at the Concord Hill School 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 Kwon Do 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, 2015 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, 2015.

Parent/Guardian signature _____.

Printed Name: _____ Date: _____.

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MEDICAL RELEASE FORM (Page 4 of 5)

NAME OF CAMPER _____ **Age:** _____.

PHYSICIAN _____.

PHYSICIAN'S ADDRESS _____.

PHYSICIAN'S TELEPHONE _____.

NAME OF EMERGENCY CONTACT _____.

TELEPHONE OF EMERGENCY CONTACT: _____.

Please provide the following information:

DATE OF LAST TETANUS BOOSTER *REQUIRED***** _____.

Yes No

Does the camper have a medical condition that requires specific attention or care? _____.

If yes, please explain:

IS the camper taking any medications (prescription or otc) now? _____.

Is the camper allergic to bees, wasps, insects, plants, etc? _____.

If yes, please explain:

Is the camper exempt from any immunization for medical or religious reasons?

If yes, please provide a signed copy of the Maryland Department of Health and Mental Hygiene immunization certificate from either a licensed physician indicating that the immunization is medically contraindicated, or from the parent or guardian indicating that they object to immunizations for religious reasons.

*Due to Maryland State law, Flying Kick staff may not dispense any medication to campers. All medication must be self-administered by the camper. If this is not possible due to the camper's age or condition, then a parent must be on location to administer medication to the camper.

Parent/Guardian Signature _____ Date:

Printed Name _____.

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SCHOOL ATTENDANCE FORM (page 5 of 5)

NAME OF CAMPER _____.

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

Which is located at: _____ **(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 public or private school**

And therefore

I have provided his/her immunization record to the Flying Kick Fitness Camp.

Parent Signature _____.

Printed Name _____.

Date _____.