



Flying Kick Spring Break Camp™

MARCH 26–30, 2018

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

APPLICATION FOR ENROLLMENT

Camper Name: _____

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

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) _____

**Location: Flying Kick Fitness
4711 Chase Avenue, Bethesda, MD 20814**

**Time: 8:30 am to 3:30 pm
After care available until 5:30 pm**

**Price: \$399/week
\$150.00 deposit required to reserve a place**

Full payment due by February 15, 2018



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PLEASE READ AND SIGN

I would like to enroll my child _____ in the Flying Kick Fitness Inc.'s day
camp program at Flying Kick Fitness Inc.

I understand the camp fees must be paid in full by February 15, 2018

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. 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., 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 Flying Kick Studio 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. 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., 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 activities at Flying Kick Fitness Inc.

Additionally, I have read and understand that the \$150.00 deposit is due upon registration, and is non-refundable. I understand the deposit applies to my camper's spring account balance, and that all other payments must be made to Flying Kick Fitness Inc. by February 15, 2018.

Parent/Guardian signature _____.

Printed Name _____ Date: _____