



Flying Kick Summer Camp™

June 17 – August 23, 2019

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)
- _____ Summer Camp Van Service
- _____ Deposit \$150* (FOR EACH FAMILY MEMBER)

*Payment in full is required for all campers by May 1, 2019

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

FEEES

One Week	\$352	Five Weeks	\$1,600	Nine Weeks	\$2,500
Two Weeks	\$667	Six Weeks	\$1,860	Ten Weeks	\$2,700
Three Weeks	\$990	Seven Weeks	\$2,110	Five-day pass	\$380
Four Weeks	\$1,300	Eight Weeks	\$2,310		

***Effective January 1, 2019 a 3% fee will be charged on all credit card transactions.**

SEND COMPLETED FORMS AND PAYMENT TO:

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

SUMMER DAY CAMP 2019



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APPLICATION FOR ENROLLMENT

Camper Name: _____

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

CAMP DATES (please circle your choices)

Weeks of: 6/17, 06/24, 07/01, 07/08, 07/15, 07/22, 07/29, 08/05, 08/12, 08/19

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 4th holiday – camp closed on July 4th)



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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. and/or at the Concord Hill School for the following weeks during the summer of 2018: **6/17, 06/24, 07/01, 07/08, 07/15, 07/22, 07/29, 08/05, 08/12, 08/19, Five-day pass**

I understand the camp fees must be paid in advance, by May 3, 2019

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 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 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 3, 2019 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 3, 2019.

Parent/Guardian signature _____

Printed Name _____ Date: _____



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CAMPER HEALTH HISTORY

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

1. State/territory in which child resides:

Is this child exempt from any immunizations?
_____ No _____ Yes: List them _____

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

1. Country in which child resides:

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

Parent or Legal Guardian Signature _____ Date: _____



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SCHOOL ATTENDANCE FORM

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 (must be submitted annually).

Parent Signature _____

Printed Name _____

Date _____



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PHOTOGRAPHY RELEASE

I _____, hereby irrevocably authorize Flying Kick Fitness Center to use photographs of me and/or my property and authorize Flying Kick Fitness Center, and legal representatives to use and publish (with or without my name) photographs, pictures, video, portraits or images herein described in any and all forms and media and in all manners including composite images or distorted representations, and the purposes of publicity, illustration, commercial art, advertising, publishing (including publishing in electronic form in CDs or internet websites), for any product or services, or other lawful uses as may be determined by Flying Kick Fitness Center.

I further waive any and all rights to review or approve any uses of the images, any written copy or finished product. I am of full legal age and have read and fully understand the terms of this release.

Name: _____

Signed: _____
Participant or legal representative

Date: _____



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FROM: Master Al-Atrash “Master A”

TO: Parents

SUBJECT: Summer Camp Van Service

Dear Parents and Campers,

You may have seen our Flying Kick van! We are proud to offer transportation to and from Flying Kick Camp for our summer campers. We will be able to pick up and drop off your child in front of your home within Chevy Chase, Bethesda and upper NW DC.

The van will pick up between 7:30 and 8:20 am. Children must be ready for pickup by 7:30 am and will be dropped off at home after 4:00 pm. This service is not included in the camp tuition and will be available for a prepaid cost of \$12.00 per one-way ride.

Space is limited and preference will be given to families opting for a full week of service, with additional spots being available on a first-come, first served basis.

If you would like to sign up for this service, please return a signed copy of the attached waiver along with your prepayment.

As always, the safety and well-being of the campers is our first care. You can reach us at the studio email at mail@flyingkicktkd.com or if needed call Master A at 240-476-5483.



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Transportation Permission Slip

To: *Parents/Guardians*

RE: *Transportation Waiver*

*Please sign and return the permission slip. (Students cannot participate unless we have a **signed** permission slip.*

Consent and Release for pick up and drop off

I, (parent) _____, grant permission for (student) _____ to travel by van to and from summer camp.

I, as parent or guardian of a camper, understand that Flying Kick Fitness Inc. takes reasonable precautions to ensure that transportation in the Flying Kick Van 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 this transportation involves certain risks of injury. 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, or travel to or from, Flying Kick Fitness Inc. Summer Day Camp.

Special Needs: *Please indicate if your child has any special needs (allergies, dietary restrictions, medication, etc.) which would help us in caring for him/her:*

Signature

Date



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I understand that a signed waiver and non-refundable payment in full is due at the time of registration.

I understand that Flying Kick will try to accommodate any changes or cancellations; notification must be sent before 5pm EST the day prior to the change via: 1. email to mail@flyingkicktkd.com or 2. voicemail or text to 240-847-4117.

I understand that my child must be ready to go by 7:30 am, and that the van may not be able to wait for children who are not ready at pickup time.

Fees \$12.00 per ride

My child should be picked up at:

Your address: _____

And dropped off at:

as above
 Or _____

	Mon		Tue		Wed		Thur		Fri		Total
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
Week of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Week of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Week of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Week of _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Your contact # _____ (Cell)

_____ (Cell)

I understand that the child must be able to get inside at the home or address at drop off time. Our driver will seek visual confirmation that the child enters the house safely; however, Flying Kick, its assigns, staff, etc... will not be responsible if the child is unable to safely enter the address listed, the van may continue along its route with the child and an attempt will be made to contact the responsible parent or guardian. There will be an additional charge if this occurs. If the child cannot be dropped off at the address on file, he or she may be brought to the summer camp location or the Flying Kick studio and the parent or guardian may need to pick up the child at that location.

Signature

Date