



# THE DOJO AMERICAN KARATE CENTERS – CRABAPPLE

645 W Crossville Road Roswell, GA 30075

Phone: (770) 649-1074

[Crabapple@TeamDojo.com](mailto:Crabapple@TeamDojo.com)

**Camper Name:** \_\_\_\_\_ Age: Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Camper Name:** \_\_\_\_\_ Age: Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
Street and number City Zip

**Parent/Guardian:** \_\_\_\_\_

Office Phone: \_\_\_\_\_ Works at: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Office Phone: \_\_\_\_\_ Works at: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Additional Emergency Contacts (other than parents/guardians)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**The following people are authorized to pick up the camper(s) in addition to the mother and father listed above.**

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

**Does your child require a booster seat?** YES NO

If you have multiple children enrolled please specify which needs booster seat:

\_\_\_\_\_

**Allergies/ Special Needs (list all information necessary for us to care for your child):**

**Medications Required Yes or No (please circle):**

Please provide detailed instructions for administering medications on the form we will provide. Medications should be provided in labeled and pre-measured dispensers.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### Health Insurance Information for use in the event of a medical emergency:

Primary Care Physician:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

### Insurance or HMO information (Please attach a copy of the front and back of your HMO card):

Provider name: \_\_\_\_\_ (ex. Prucare HMO)

Policy Holder's Name: \_\_\_\_\_ (the insured parent's name)

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Member services phone number: \_\_\_\_\_

## Summer Camp Liability Release

Camper's name(s): \_\_\_\_\_

I certify that, in advance of participation in the program identified herein, I have received any and all information, which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. In consideration for Kicking Momentum, Inc (d/b/a The Dojo American Karate Centers and referred to herein as "THE DOJO") allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such activity or program. I further agree to indemnify and hold harmless, THE DOJO, its successors, assigns, agents, employees or volunteers from & against all liability, claims, damage or expenses which my child/ward have or may have arising out of or related to his/her participation in this program, including death, personal injury or property damage or loss of any kind, whether caused by the act of omission of THE DOJO, myself, my child/ward, or others.

I also hereby authorize THE DOJO or its authorized designee in charge of the activity described herein to secure emergency medical treatment necessary to treat any bodily injury, condition or affliction to my child/ward including but not limited to first aid, CPR, admission to any hospital, test, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in Georgia. I understand that reasonable attempts will be made to contact me prior to securing such treatment for my child/ward; nevertheless, this authorization shall give THE DOJO or its authorized designee permission to secure such treatment should such attempts at contact fail. I further acknowledge that any medical treatment ordered under these conditions will be my financial responsibility & not that of THE DOJO or any of its agents, volunteers or employees.

I also give permission for use of any photos or videos taken of my child/ward during this camp for THE DOJO promotional purposes only, and without compensation.

I give my consent to THE DOJO and its authorized agents to transport my child to and from camp field trips and outings. I have informed THE DOJO if my child requires a booster seat and have provided a seat if my child requires a different type than THE DOJO has on hand.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# 2019 CRABAPPLE DOJO SUMMER CAMP

Registration Form  
Camper Information



Student (s) Name(s)	
Parent/ Guardian Name	
Emergency Phone Number	

Pricing	Member/Non Member	Discounts	Dojo Initial
Pre-registration Week Prices	\$155.00 / \$165.00	Dojo Student	
3 or More Days/Full Week	\$175.00 / \$185.00	Pre Registration by April 15, 2019	
Single Day (per day)	\$65.00 / \$70.00	5 or More Weeks - 10% savings	
Extended Morning Care 7:30am-9:00am	FREE	Siblings - 10% discount	
Extended After Care 4:00pm-6:00pm	FREE		

	Week	Field Trip	3 or More Days	Subtotal	Total Payment for Week	Balance for Week after Deposit
1	May 28 - May 31 Ninja Jumps	Adventure Air				
2	June 3 - June 7 Pins & Prizes	Stars n Strikes				
3	June 10 - June 14 Dueling Dragons!	N/A				
4	June 17 - June 21 Ninjas of the Round Table	Medieval Times*				
5	June 24 - June 28 Jump In!	X-Drenaline				
6	July 1 - July 3 Sweet Samurais	Chamberlain's Chocolate				
7	July 8 - July 12 Ninja Ropes	Adventure Air				
8	July 15 - July 19 Jousting for Joy	Medieval Times**				
9	July 22 - July 26 Ninja Warrior	Ninja Quest				
10	July 29 - August 2 Samurais on Safari	Atlanta Zoo				
11	August 5- August 9 Samurai Summer Bash	Area51: Movies and MiniGolf				

Camp T-Shirt: ___ Ch. Small ___ Ch. Medium ___ Ch. Large ___ Ad. Small ___ Ad. Med	
Deposit (\$20 down payment per week per child) [ ___ weeks x ___ child(ren)]	
Total Down Payment	
Payment Information	
<input type="checkbox"/> Cash	<input type="checkbox"/> American Express
<input type="checkbox"/> Check Check# _____	<input type="checkbox"/> Discover
<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card

Credit Card #	Exp. date	CID	Name on Card
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**Signature** \*Medieval Times Field Trip\* Field Trip MUST be paid no later than **MAY 30, 2019** to reserve spot. \_\_\_\_\_ guardian initial **Date**  
 \*\*Medieval Times Field Trip\*\* Field Trip MUST be paid no later than **JUNE 25, 2019** to reserve spot. \_\_\_\_\_ guardian initial  
 \$20 deposit/week to reserve spot is **Non Refundable** and cannot be applied to other week's tuition. \_\_\_\_\_ guardian initial  
**2 week written notice for cancellations or to reschedule.** \_\_\_\_\_ guardian initial  
 Each week campers will participate in a **field trip** and the costs for these trips are in **addition to tuition and due by the Tuesday** of each week. \_\_\_\_\_ guardian initial  
 30 spaces available for Monday-Friday camp days.