



Week 1 – May 27 – 31

Hyper Camp

Week 2 – June 3- 8

Video Game Blowout

Week 3 – June 10 – 14

Local's Only Camp

Week 4 – June 17 - 21

Water World Camp

Week 5 – June 24 – 28

Movie Maker Camp

Week 6 – July 8 – 12

NERF Assault Camp

Week 7 – July 15 – 19

Be a Super Hero Camp

Week 8 – July 22 – July 26

Mine Craft/ Builder Week

Week 9 – July 29 – August 2

Fitness Boot Camp *** Camp will also focus on Stripes

Early Bird Special: \$120 per week, per child with a \$20 deposit due by February 24th (t- shirt included)

PreRegister Feb. 24th - March 31st.

\$150 per week for Students

\$165 per week for non Students

\$20 non refundable deposit per week

-10% off additional family members

T- Shirt included

Field Trips cost included in tuition

After April 1st.

\$165 per week for Students

\$180 per week for non Students

\$20 non refundable deposit

-10% off additional family members

Field Trip Included in tuition

\$15 for T-Shirt (If available)

Please fill out the following forms and return them by the deadline with deposits to secure pricing and availability

- **Please pack a lunch and 2 snacks every day for each child**
- **Please pack a water bottle**
- **Tablets and devices are allowed during camp time, as permitted**

Camp times are from 9:00 a.m. to 3:00 p.m.

Extended care is FREE of CHARGE and runs from 7:30 a.m. till 9:00 a.m. and then from 3:00 p.m. to 5:30 p.m. **** Field Trips are subject to change****

Week 1	Hyper Camp	Rock'n Jump	
Week 2	Video Game Camp	Stars and Strikes	
Week 3	Locals Only Camp	Daily Park Trips	
Week 4	Water World Camp	Bogan Park Pool	
Week 5	Movie Maker Camp	Gwinnett Heritage Center	
Week 6	NERF Assault Camp	Laser quest	
Week 7	Be A Super Hero Camp	Climb Stone Mt	
Week 8	Mine Craft Camp	Lil Mulberry Picnic	
Week 9	Boot Camp	Rockin' Jump	

Deposits will be taken before 3/31/19

Please list the **Weeks** your child will be attending by their number.

Please check the weeks your child will attend camp	Deposits paid	Balance Due
Example: Week 4 . Kallista Caban	\$20	\$100
1.		
2.		
3.		
4. Kallista Caban	20	100
5.		
6.		
7.		
8.		
9.		

I _____ authorize the Dojo American Karate Center to deduct the amount of \$ _____ for Camp Deposits for my child's _____ Participation in the Dojo's Summer Camps.
Please Use Credit Card # _____ Ex ____ CIV ____
*****Pre Registration only:** T-Shirt Size _____

Please mark the Weekly row for each week that you would like your child to attend camp, not just in numerical order

_____ Child's Name		_____ Date of Birth	M F Sex
_____ Parent's/Guardian's Name		_____ Parent's/Guardian's Name	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone
_____ Email Address		_____ Email Address	
_____ Home Address		_____ Home Address	

Alternative Emergency Contacts

_____ Primary Emergency Contact		_____ Secondary Emergency Contact	
_____ Home Phone	_____ Work Phone	_____ Home Phone	_____ Work Phone

Medical Information

Hospital/Clinic Preference

_____ Physician's Name	_____ Phone Number
_____ Insurance Company	_____ Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on field trips. I release The Dojo American Karate Centers and individuals from liability in case of accident during activities related to The Dojo American Karate Centers, as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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THE DOJO AMERICAN KARATE CENTERS –Dacula
2700 Braselton Highway, suite 20
Dacula Ga. 30019

Summer Camp Liability Release Form

Camper's names: _____

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 Over 9000 Fitness LLC. (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.

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____