



**THE ABBOTTS BRIDGE DOJO**  
 5075 Abbotts Bridge Road Johns Creek, GA 30005  
 Phone: (678) 417-7780  
[AbbottsBridge@TeamDojo.com](mailto:AbbottsBridge@TeamDojo.com)

**Day Camp Hours:** 9:00am to 3:00pm Monday thru Friday  
**FREE Extended Care Hrs:** 7:30am to 9:00am Monday thru Friday  
 3:00pm to 5:30pm Monday thru Friday

**Name of Camper(s):** \_\_\_\_\_

**Please check the desired sessions:**

- |                                     |                       |   |                       |
|-------------------------------------|-----------------------|---|-----------------------|
| <input type="checkbox"/> Session 1  | May 28 <sup>th</sup>  | – | May 31 <sup>st</sup>  |
| <input type="checkbox"/> Session 2  | June 3 <sup>rd</sup>  | – | June 7 <sup>th</sup>  |
| <input type="checkbox"/> Session 3  | June 10 <sup>th</sup> | – | June 14 <sup>th</sup> |
| <input type="checkbox"/> Session 4  | June 17 <sup>th</sup> | – | June 21 <sup>st</sup> |
| <input type="checkbox"/> Session 5  | June 24 <sup>th</sup> | – | June 28 <sup>th</sup> |
| <input type="checkbox"/> Session 6  | July 8 <sup>th</sup>  | – | July 12 <sup>th</sup> |
| <input type="checkbox"/> Session 7  | July 15 <sup>th</sup> | – | July 19 <sup>th</sup> |
| <input type="checkbox"/> Session 8  | July 22 <sup>nd</sup> | – | July 26 <sup>th</sup> |
| <input type="checkbox"/> Session 9  | July 29 <sup>th</sup> | – | Aug 2 <sup>nd</sup>   |
| <input type="checkbox"/> Session 10 | Aug 5 <sup>th</sup>   | – | Aug 9 <sup>th</sup>   |

**Non-Dojo Studio Members** \*\$20 non-refundable deposit required per weekly session

	Weekly Tuition Full Day	Number of Weeks	Total Tuition	Less Deposit	Balance Due
Camper #1	\$145.00	X	=	-	=
Camper #2	\$145.00	X	=	-	=
Camper #3	\$145.00	X	=	-	=
Balance Due					=

**Dojo Studio Members** \*\$20 non-refundable deposit required per weekly session

	Weekly Tuition Full Day	Number of weeks	Total tuition	Less Deposit	Balance Due
Camper #1	\$135.00	X	=	-	=
Camper #2	\$135.00	X	=	-	=
Camper #3	\$135.00	X	=	-	=
Balance Due					=

**Payment method:**

Visa, M/C, AMEX, or Discover Card # \_\_\_\_\_

Amount \$ \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CIV: \_\_\_\_\_ Signature: \_\_\_\_\_

(Authorization to charge to credit card)



**Camper Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Camper Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

**Father/Male Guardian:** \_\_\_\_\_

Home phone: \_\_\_\_\_

Works at: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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

**Mother/Female Guardian:** \_\_\_\_\_

Home phone: \_\_\_\_\_

Works at: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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

**Additional Emergency Contacts (other than Parents/Guardians)**

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

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

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

Email: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_



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

1. \_\_\_\_\_ Relationship: \_\_\_\_\_
2. \_\_\_\_\_ Relationship: \_\_\_\_\_
3. \_\_\_\_\_ Relationship: \_\_\_\_\_

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

---

---

**Special Needs (list all information necessary for us to meet your child's needs):**

---

---

**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: \_\_\_\_\_

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

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

---

---



**THE ABBOTTS BRIDGE DOJO**  
5075 Abbots Bridge Road Johns Creek, GA 30005  
Phone: (678) 417-7780  
[AbbotsBridge@TeamDojo.com](mailto:AbbotsBridge@TeamDojo.com)

## **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 D&S Martial Arts, 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 during this camp for THE DOJO promotional purposes only, and without compensation.

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