



THE DOJO AMERICAN KARATE CENTERS – CRABAPPLE

10500 Alpharetta Highway Roswell, GA 30076

Phone: (770) 649-1074

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.

COVID-19 Addendum

Pertaining specifically to COVID-19 also known as Coronavirus: Members, and Member Representative, if a Minor, hereby agrees to hold harmless, release, indemnify and forever discharge The Dojo American Karate Center (also known as Kicking Momentum Inc), its officers, directors and employees, instructors, agents and authorized representatives from any liability, claim or loss, due to exposure, personal illness up to and including death, and associated medical expenses incurred by the Member or Member Representative arising from participation in any program offered by The Dojo American Karate Center. The Member and/or Member Representative specifically understands and agrees that he/she is assuming the risk of any and all exposure to the COVID-19 virus as a result of his/her participation of any program offered by The Dojo American Karate Center.

Signature of Parent/Guardian: _____ Date: _____



2021 CRABAPPLE DOJO ADVENTURE CAMP REGISTRATION FORM



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

Pricing	Member/Non Member	Discounts	Dojo Initial
Pre-registration Week Prices	\$160.00 / \$170.00	Dojo Student	
3 or More Days/Full Week	\$180.00 / \$190.00	Pre Registration by April 15, 2021	
Single Day (per day)	\$65.00 / \$70.00	6 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	3 or More Days (initial)	# of campers	Total with Discounts	Balance for Week after Deposit
1	June 1 - June 4			
2	June 7 - June 11			
3	June 14 - June 18			
4	June 21 - June 25			
5	June 28 - July 2			
6	July 5 - July 9			
7	July 12 - July 16			
8	July 19 - July 23			
9	July 26 - July 30			
10	August 2 - August 6			

Camp T-Shirt: ___ Ch XS ___ Ch. Small ___ Ch. Medium ___ Ch. Large ___ Ad. Small ___ Ad. Med

Deposit (\$20 down payment per week per child) _____ weeks x _____ child(ren) =

Payment Information	
<input type="checkbox"/> Cash <input type="checkbox"/> Check Check# _____ <input type="checkbox"/> Credit Card	
Name on Card _____	
Credit Card # _____	Exp. date _____ CID _____
Signature _____	Date _____

TO BE COMPLETED BY DOJO

Deposit Total: _\$ _____

Invoiced

Charged

Limited space available for Monday-Friday camp days.

\$20 deposit/week to reserve spot is **Non Refundable** and cannot be applied to other week's tuition. _____ **guardian initial**

2 week written notice required for cancellations or to reschedule. _____ **guardian initial**

FRIDAYS are movie days. \$7/camper. Cici's lunch followed by big projector movie with popcorn. _____ **guardian initial**

Some weeks, 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 via cash, check, or zelle. _____ **guardian initial**

FIELD TRIP INFO	COST/Camper
Adventure Air + Lunch. Online Waiver Required	\$35
Atlanta Zoo* + Varsity	\$35
Sky Zone + Lunch. Online Waiver Required	\$35