



THE DOJO AMERICAN KARATE CENTERS – ROSWELL

9945 Jones Bridge Road, Johns Creek, GA 30022

Phone: (678) 822-3656

Alpharetta@TeamDojo.com

Day Camp Hours: 9:00am to 3:00pm Monday thru Friday
Extended Care Hours: 7:30am to 9:00am Monday thru Friday
 3:00pm to 6:00pm Monday thru Friday

Name of Camper(s): _____

**Please check the desired sessions:
 Winter Break Camp
 Daily Rates Available as Well**

- Session 1 December 20th – December 23rd (Monday -Thursday)
- Session 2 December 27th – December 30th (Monday – Thursday)

Pre-register By Dec 5th

	Weekly Tuition	Number of Weeks	Total Tuition	Less Deposit	Balance Due
Non-Member	\$125	X	=	-	=
Member	\$100	X	=	-	=
ASK Member	\$75	X	=	-	=
				Balance Due	=

Register After Dec 5th

	Weekly Tuition	Number of weeks	Total tuition	Less Deposit	Balance Due
Non - Member	\$165	X	=	-	=
Member	\$145	X	=	-	=
ASK Member	\$90	X	=	-	=
				Balance Due	=

Payment method:

(Circle) Visa, M/C, AMEX, Card # _____

Amount \$ _____ Exp. Date: _____ Signature: _____

(Authorization to charge to credit card)

A \$25 fee will be charged each day that a camper is picked up later than the end of the camp period.

Complete one form for each child - This information will be kept confidential.



Camper Name: _____ **Age:** _____ **Birth date:** ____ / ____ / ____

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 the form we will provide. Medications should be provided in labeled and pre-measured dispensers.



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3005 Old Alabama Road, Johns Creek, GA 30022

Phone: (678) 822-3656

Roswell@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 McEwing Karate 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: _____