



**THE DOJO AMERICAN KARATE CENTERS – ROSWELL**

9945 Jones Bridge Road, Johns Creek, GA 30022

Phone: (678) 822-3656

[Alpharetta@TeamDojo.com](mailto: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):** \_\_\_\_\_

Sessions 1-5 will be ran June 1<sup>st</sup>. Sessions 6 – 10 will be ran July 1<sup>st</sup>

\$20.00 Deposit Required for each Session you would like to reserve.

\$80.00 off if you register for 8 or more weeks. \$15 dollars off if you refer a friend to a week for each week with a total of 10 possibilities.

**Please check the desired sessions:**

- Session 1 June 1<sup>st</sup> – June 4<sup>th</sup>
- Session 2 June 7<sup>th</sup> – June 11<sup>th</sup>
- Session 3 June 14<sup>th</sup> – June 18<sup>th</sup>
- Session 4 June 21<sup>st</sup> – June 25<sup>th</sup>
- Session 5 June 28<sup>th</sup> – July 2<sup>nd</sup>
- Session 6 July 5<sup>th</sup> – July 9<sup>th</sup>
- Session 7 July 12<sup>th</sup> – July 16<sup>th</sup>
- Session 8 July 19<sup>th</sup> – July 23<sup>rd</sup>
- Session 9 July 26<sup>th</sup> – July 30<sup>th</sup>
- Session 10 Aug 2<sup>nd</sup> – Aug 6<sup>th</sup>

**Pre-register By April 15<sup>th</sup>**

|           | Weekly Tuition<br>Student / Non-Stu | Number<br>of<br>Weeks | Total<br>Tuition | Less Deposit | Balance Due |
|-----------|-------------------------------------|-----------------------|------------------|--------------|-------------|
| Camper #1 | \$125 or \$135                      | X                     | =                | -            | =           |
| Camper #2 | \$115 or \$125                      | X                     | =                | -            | =           |
| Camper #3 | \$115 or \$125                      | X                     | =                | -            | =           |
|           |                                     |                       |                  | Balance Due  | =           |

**Register After April 15<sup>th</sup>**

|           | Weekly Tuition<br>Student / Non-Stu | Number<br>of<br>weeks | Total<br>tuition | Less Deposit | Balance Due |
|-----------|-------------------------------------|-----------------------|------------------|--------------|-------------|
| Camper #1 | \$145 or \$155                      | X                     | =                | -            | =           |
| Camper #2 | \$125 or \$135                      | X                     | =                | -            | =           |
| Camper #3 | \$115 or \$125                      | 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):**

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

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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: \_\_\_\_\_

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