WKA Bellevue Dojo Summer Camp 2022 Registration

Child/Children’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age(s): \_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hm/cell/wk) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hm/cell/wk)

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

Emergency contact (in case parent cannot be contacted):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any special medical conditions, special needs, or allergies (food, medication, etc.) of child/children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate which camp(s) you are registering for:**

 **\_\_\_\_ Session 1: July 18th – 22nd (Monday – Friday, 9am-5pm)**

 **\_\_\_\_ Session 2: July 25th – July 29th  (Monday – Friday, 9am-5pm)**

 **\_\_\_\_ Session 3: August 22nd -26th (Monday – Friday, 9am-5pm)**

Spaces are limited. A $50 non-refundable deposit is required to reserve a spot and full camp balance is due 2 weeks prior to the camp. Registration will close 2 weeks prior to each camp. Late registrations incur a $20 late fee and are only accepted if space is available. Deposits are non-refundable unless the camp is cancelled. Camps may be cancelled due to low attendance.

 **Please read and sign below:**

I understand that my child is taking lessons in the martial art of karate-do, and recognize that there are risks involved in practicing, studying, or demonstrating the martial arts. I agree to hold harmless the Washington Karate Bellevue, Inc., their officers, agents, employees, instructors, and members and authorized guests from any liability, claims, judgments or demands for damages arising from damages or injury of any kind whatsoever to my above named child during karate classes or any other summer camp activities. I also attest that my above named child has no known medical issues that would prevent them from partaking in a martial arts class and I do agree to maintain at all times a policy of medical and accident insurance.

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 For Office use only: Deposit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_