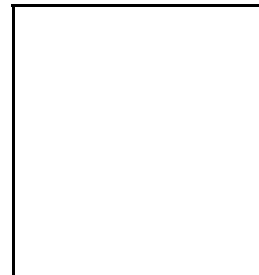




Ray's Tae Kwon Do Center



SUMMER CAMP

NO _____

Application

CHILD'S LAST NAME: _____

CHILD'S FIRST NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ AGE _____ T-SHIRT SIZE _____

PARENT'S E-Mail: _____

MEDICAL CONDITIONS: _____

MEDICATIONS: _____ ALLERGIES: _____

EMERGENCY CONTACT#: _____ NAME: _____

RELATION: _____

SESSION:

(6/13 - 6/17) (6/20 - 6/24) (6/27 - 7/1) (7/5 - 7/8) (~~7/11 - 7/15~~)

(7/18 - 7/22) (7/25 - 7/29) (8/1 - 8/5) (8/8 - 8/12) (~~8/16 - 8/20~~)

\$149 per week

\$45 registration Fee

\$20 Supply Fee

Camp fee includes: T-Shirt, Back Pack and Awards

** (20% discount off the tuition price if camp is paid in full by April 30th - \$119.20) **

(Family Discount: \$99.00 for each additional family member)

(official use only)

REGISTRATION FEE _____

CAMP FEE _____

SUPPLY FEE _____

TOTAL _____

CHECK # _____

RECEIPT# _____

CREDIT CARD # _____

I hereby enroll in Ray's Summer Camp at Ray's Tae Kwon Do Center. I agree to pay the above tuition along with a \$45.00 registration fee and a \$20.00 supply fee. I understand that no refund what so ever will be made to me if I fail to appear for instruction or complete the full study.

I am in good health and know of no physical or mental defects that would endanger my own well being or that of other students. I realize that the activities involved in my education involve physical contact and hereby relinquish all rights to claim or recover damages for personal injuries in connection with my education at Ray's Tae Kwon Do Center. This release of legal rights is not only binding upon me, but upon my survivors and representatives as well. This release operates in favor of Ray's Tae Kwon Do Center, inc., Master Ray Rodriguez, their agents, representatives, instructors and employees. I knowingly and voluntarily give up my legal rights against all of these persons and entities.

Date

Student Signature (parent or legal guardian if under 18)