



INTEGRITY MARTIAL ARTS LLC

585 Hazard Ave. – Scitico Plaza – Enfield, CT 06082 – (860) 698-9226

Summer Camp – 2012 Registration Form

Summer Camp for Ages 6-11

Child's Name: _____

Full-Day: \$250/week – 9AM to 5PM (Monday-Friday) or \$60/day

Early drop-off at 8AM and late pick-up at 6PM are available at no additional charge.

Please circle the session(s) and check the day(s) your child will be attending:

	<u>Week Of:</u>	<u>Choose "All Week" or Check the Day(s) Attending:</u>
<u>Week 1:</u>	June 25 th -29 th	___ All Week or M___ T___ W___ Th___ F___
<u>Week 2:</u>	July 2 nd -6 th * (closed 7/4)	___ All Week or M___ T___ Th___ F___
<u>Week 3:</u>	July 9 th -13 th	___ All Week or M___ T___ W___ Th___ F___
<u>Week 4:</u>	July 16 th -19 th * (closed 7/20)	___ All Week or M___ T___ W___ Th___

***Attention:** No Summer Camp will be held on either July 4th or 20th

Deposit: \$50 non-refundable deposit for each session reserved (to be submitted with this registration form).

Late Pick-up or Early Drop-off Fee: \$20/hr. (applicable before 8AM or after 6PM). Integrity Martial Arts' Summer Camp will not be supervised prior to 8AM – no child may be dropped off without supervision.

Full Summer Discount: Buy 4 Weeks and Save \$300 or Buy 4 Weeks plus Overnight Camp and Save \$306!

Family Discount: 1st Child \$250/week, Each Additional Child \$225/week

Payment: Full payment for each session is due no later than the Wednesday preceding the start of your child's session.

Physical: CT's Department of Health requires that we receive a copy of your child's physical (dated in the last 3 years). Integrity Martial Arts is a certified day camp through CT's Department of Health.

Food: Please provide a bagged lunch (with ice pack), snack and water bottle for your child each day.

--Please turn this form over and sign the other side--

Integrity Martial Arts' Summer Camp - 2012 Registration Form

Child's Name: _____ Date of Birth: _____

Address: _____

Age: _____ Home Phone # _____ Parent(s) Work Phone #(s): _____

Parent(s) Names: _____ Parent(s) Cell Phone #(s): _____

Emergency contact name & phone #: _____

Please list any additional adult(s) who you approve to pick up your child from I.M.A. Summer Camp:

Name: _____ Home #/Cell #: _____

Please list any medical conditions or allergies the participating child has that Integrity Martial Arts needs to be aware of:

Please list any medications the participating child needs to have while at an Integrity Martial Arts, LLC Summer Camp. Also, please indicate whether medications need to be taken during the I.M.A. Summer Camp or if any medications are to be taken for an allergic emergency, etc. Parents assume responsibility for supplying any medications for their child. A child cannot be dropped off at an Integrity Martial Arts, LLC Summer Camp without medications he or she will (or may) need during the camp session hours (unless parents are going to dispense the medication to their child themselves). All medications should be labeled with the child's name and have clearly printed instructions for dispensing. Integrity Martial Arts, LLC assumes no liability for the dispensing of medications to participating children.

Please list your child's medical insurance information:

Primary Care Physician's Name and Phone #: _____

Insured's (Member) Name: _____ Insurance Co.: _____

Insurance ID #: _____ Group ID #: _____

By signing below, I understand and agree to abide by all of the policies, requirements and financial obligations listed in this Integrity Martial Arts, LLC (I.M.A.) Summer Camp registration form. I assume all risks inherent and incidental for participating with Integrity Martial Arts, LLC's Summer Camp. I hereby state that I am a legal guardian for the above referenced minor child and I acknowledge on the child's behalf that the information on this registration form is correct. I also grant permission to use my child's image and/or name in promotional materials for Integrity Martial Arts, LLC. Integrity Martial Arts, LLC reserves the right to dismiss (at any time) any child participating with the I.M.A. Summer Camp due to behavior that I.M.A.'s staff or chaperones deem to be disrespectful or dangerous. Parents whose children are dismissed early due to behavior will be called to pick up their child from the I.M.A. Summer Camp.

I hereby acknowledge that I recognize the risks inherent to the activities of martial arts and this kind of sport activity. Furthermore, I acknowledge that Integrity Martial Arts, LLC, their instructors, their staff and agents are not responsible for any injury occurring during the course of my child's participation at (or traveling to and from) any I.M.A. Summer Camp related activity. In addition, I give permission for my child to walk from Integrity Martial Arts' studio to a local park and to partake in outdoor activities and field trips during their I.M.A. Summer Camp. If an injury or an illness should occur to my child during their I.M.A. Summer Camp and if Integrity Martial Arts, LLC is unable to reach me via telephone, I give my permission to the staff or chaperones of Integrity Martial Arts, LLC to authorize emergency medical transport and treatment for my child to/at a hospital.

PARENT/GUARDIAN'S SIGNATURE: _____ Date: _____