



2012 Camp Registration Form

Name: _____ Age: _____ Home Telephone: (____) _____

T-shirt Size: CHILD: S M L / ADULT: S M L BOY GIRL

Email: _____ May we add you to our email newsletter? YES NO

Address: _____ City: _____ Zip Code: _____

Mother's Name: _____ Work #: (____) _____ Email: _____

Father's Name: _____ Work #: (____) _____ Email: _____

PERMISSION/WAIVER

My child has permission to participate Neill's Taekwondo and Fitness world Martial Arts Summer Camp(s) to be held on location at 630 Weaver Dairy Road Suite 107 Chapel Hill NC 27514.

I understand that there may be physical contact while practicing martial art moves and other events. Although great care is given to reduce risk, I understand karate is not without an element of danger. I understand the risks involved with this type of program and will not hold Neill's Taekwondo and Fitness LLC or its staff, responsible for any accident or injury that may occur while participating in the camp or on the premises of Neill's Taekwondo and Fitness LLC.

I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the camp instructor in charge or by camp personnel. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the hospital/physician selected by the instructor/camp personnel to secure proper treatment for my son/daughter. I carry insurance on my child and understand that I will be responsible for any payments due for medical care. I understand that my pre-payment is reserving a space at this camp and that space is limited. I further understand there will be no refunds. A late charge of \$35 will apply for session 1 if full registration payment is received after Monday, June 4th, 2012. A late charge of \$35 will apply for session 2 if full registration payment is received after Monday, June 18th, 2012. A late charge of \$35 will apply for session 3 if full registration payment is received after Monday, August 13th, 2012.

Parent or Legal Guardian's Signature: _____ Date: _____

Emergency Contact Name: _____ Phone Number: (____) _____

Emergency Contact Name: _____ Phone Number: (____) _____

You will need to administer medication to my child (please list in "Health Info"): YES NO

Other Health Info:

June 11-15: Session 1 Camp: \$250
Session 1 Aftercare: \$20/Day
Early Drop-off: \$10/Day

June 25-29: Session 2 Camp: \$250
Session 2 Aftercare: \$20/Day
Early Drop-off: \$10/Day

August 20-24: Session 3 Camp: \$250
Session 3 Aftercare: \$20/Day
Early Drop-off: \$10/Day

If you are late registering, please include a LATE FEE of \$35. **Space is limited and there will be no refunds. Please make check or money order payable to: **Neill's Taekwondo and Fitness (please include your NCDL# on your personal check).*

camps attending: _____ # aftercare attending: _____ # early drop-off attending: _____ Total: \$ _____

Check or Money Order Number: _____

Visa, Master Card, or AmEx Number: _____ Expiration Date: _____

Signature: _____ Date: _____