

**Yi Champions TaeKwonDo Academy
5513 Mapledale Plaza Dale City, VA 22193**

2024 SPECIAL CHILDREN'S SUMMER PROGRAM REGISTRATION FORM

Buyer/Parent Name: _____ Email _____

Phone: Home _____ Work _____ Cell _____

Address: _____

Students Name: 1) _____ DOB ___ / ___ / ___ Age: _____ M / F

2) _____ DOB ___ / ___ / ___ Age: _____ M / F

Health Condition/Limitations: _____ Allergies: _____

FEE SCHEDULE: Register for _____ Weeks (Circle the dates below)

1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th
6/10-6/14	6.17-6/21	6/24-6/28	7/01-7/05 No 7/04	7/08-7/12	7/15-7/19	7/22-7/26	7/29-8/02	8/5-8/09	8/12-8/16

***It is understood that all payment must be paid prior to the beginning of the week (Pre-pay)**

Registration \$ _____ Camp T- Shirt _____ Field Trip Fee _____ Paid On ___ / ___ / ___

Total Camp Fee \$ _____ Down Payment \$ _____ Unpaid Balance \$ _____

(Applied to 1st week of camp)

At the Rate of :\$ _____ (Check One) Per Week _____, Bi- Week., _____ Other _____

First Payment beginning on ___ / ___ / ___ (Day) and continuing for _____ consecutive Times

Payment Option : 1) Directly pay to the DoJang / 2) Automatically

Pay By _____ (In Cash) _____ Credit Card _____ Check _____

Consent and Release Form

I, _____ undersigned Buyer/Enrollee, hereby acknowledge that I am aware of the strenuous physical exercise involved in the participation of the Children's Summer Program given by the sponsors. I hereby consent to hold attendance of the Yi Champions TKD Academy **Children's Summer Program**. I hereby consent to allow the sponsors to take such actions as is necessary to contact and provide emergency and medical assistance.

I, _____ the Buyer/Enrollee irrevocably authorize the Center, its successors and assigns, and those acting under its authority, to copyright, use, publish for art, advertising, trade, or any other lawful purpose whatsoever, photographic portraits, or pictures, of Enrollee(s), in which Enrollee(s) may be in whole or in part.

The undersigned hereby enrolls my son(s) _____ daughter(s) _____ for the **Children's Summer Program**. The undersigned for the purpose of enjoying the benefits of instruction agrees to the below conditions:

1. I pledge to take care at all times to avoid injury to my fellow classmates and myself.
2. I pledge never to use the knowledge gained from the Children's Summer Program except to protect the honor of the defenseless and myself.
3. I understand that I must stay with my team at all times and will contribute to the team spirit as well as help my team unite as a group.

I, _____ the undersigned, upon being permitted to join the Children's Summer Program, will obey the rules, will endeavor to conduct myself in the manner of a student in TaeKwonDo in my daily life and in class, and will never do anything to bring disgrace hereby swear that I will faithfully fulfill my duty.

Cancellation/Modification Policy

****Cancellations (at no charge) for any of the SMC weeks must be made before the 1st week of SMC**

****It is understood and agreed that any payment will not be returned to the student or buyer for any reason.**

**** In addition, if you receive a discounted rate, then cancel any number of weeks or switch weeks, a cancellation fee will be charged. The cancellation fee will be half of the weekly payment (Your payments will then be changed at the non-discounted rate of \$235/week for all the weeks you have attended and will attend.)**

Buyer Signature: _____ Register's Signature: _____ Date: _____