

KU'S TAEKWONDO ACADEMY



781.935.3773 www.kustaekwondo.com kustakwondo@gmail.com

2024 Summer Camp Registration Form

(Open to Current Students, Beginners, & the General Public)

Name(s) of Camper

Name	D.O.B./Age	M/F	Grade/School	Date of Last Physical Examination

Name of Parents/Guardian

First Name Last Name Relationship Phone Number (h) Phone Number (w) Email Address

First Name Last Name Relationship Phone Number (h) Phone Number (w) Email Address

Home Address

Name of Person(s) at Drop off or Pick up

First Name Last Name Relationship to Parent Phone Number (h) Phone Number (w)

First Name Last Name Relationship to Parent Phone Number (h) Phone Number (w)

- Does your child have medical problems such as epilepsy, diabetes, high blood pressure, or asthma?

- If yes, then please explain:

Total _____

Weekly Field Trip Fees TBD

***Please note that all payments received are non-refundable.
All payments received are final and must be made at time of registration. Please read
cancellation/modification policy below for more information.
Thank you.**

Consent and Release Form

I, the undersigned Parent/Guardian, hereby acknowledge that I am aware of the strenuous physical exercise involved in the participation of the Children's Summer Day Camp given by the sponsors and the Field Trip and outdoor activity plans that were foretold. I hereby consent to hold the sponsors free of any and all liability, claims, or actions whatsoever, arising from any injuries, accidents, illness, etc., due to the attendance of the Ku's TaeKwonDo Academy Summer Day Camp Program.

I, the Enrollee, or member irrevocably authorize the Ku's TaeKwonDo Academy, 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, pictures, or videotapes of Enrollee(s), in which Enrollee(s) may be included in whole or in part.

I hereby consent to allowing the sponsors to take such actions as is necessary to contact and provide emergency and medical assistance.

The undersigned hereby enrolls my son ___ daughter ___ for the Children's Summer Day Camp.

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 myself and my fellow classmates.
2. I pledge never to use the knowledge gained from the Children's Summer Day Camp 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 Day Camp, will obey the rules, will endeavor to conduct myself in the manner of a student in Tae Kwon Do in my daily life and in class, and will never do anything to bring disgrace upon the art. I am fully capable of understanding and reading English and have answered everything truthfully and completely. I hereby swear that I will faithfully fulfill my duty.

Cancellation/Modification Policy

- It is understood and agreed that any payment received will not be returned to the student or buyer for any reason. All payments received are final and must be made at time of registration.
- If families wish to change the weeks their children are registered to attend camp, a written request must be received by **May 27th**.
- If parents are late to pick up their children, a late penalty fee will be charged. For parents who are scheduled to pick up their children at 12:00pm and arrive more than five minutes late but before 3:00pm, a late fee of \$20 will be charged for each day late. For parents who were scheduled to pick up their children by 12:00pm and arrive more than five minutes late and after 3:30pm, a late fee of \$50 will be charged for each day late.

- For parents who were scheduled to pick up their children by 3:00pm and arrive more than five minutes late, a penalty fee of \$20 will be charged for each day late.

NO CHILD WILL BE ADMITTED TO CAMP WITHOUT A COMPLETED IMMUNIZATION RECORDS AND UP-TO-DATE PHYSICAL EXAMINATION

Parent Signature: _____

Date: _____

First Aid/Emergency Medical Consent & Release

Medical Information

Does your child have allergies and/or medical conditions? (Medication, food, latex, bee stings, etc.)

- Yes
- No. If yes, please:

Date of last doctor's visit: _____ Was this a routine physical or special visit?

Please explain _____

Does your child receive counseling or early intervention services? • Yes • No

Would you like us to be in contact with the counselor? • Yes • No

If yes, please give the counselors name and phone number _____

List any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions (i.e. asthma); if none, please indicate by writing "none": _____

Children must have documentation that immunizations and physical examination according to The Department of Early Education and Care, the parent have to submit copies of the child's immunization and lead screening records. Please submit a copy for your child's file.

Authorization and Release Form

I, _____ (name of parent/guardian) hereby give permission for my child,

_____ (name of child) to participate in all activities related to the Ku's Taekwondo Academy After School Program. I further release and discharge the Ku's Taekwondo Academy

and employees from any and all loss, damages, cases, claims, liability, and/or causes of action arising out of my child's participation in the Ku's Taekwondo Academy After School Program.

MEDICAL EMERGENCY TREATMENT

I hereby give Ku's Taekwondo After School Program permission to administer basic first aid and/or CPR to my child _____ when appropriate.

(Name)

and/or take my child _____, to a hospital for medical treatment when

(Name)

I cannot be reached or when delay would be dangerous to my child's health.

In the event of an emergency your child will be transported to a health care facility/hospital, he/she will be transported to the nearest health care facility/hospital by ambulance.

My child is in good physical health: Yes

No

My child is allergic to the following: _____

My child has the following reactions to his/her allergies: _____

Please list any behavioral, social, emotional, mental concerns, dietary restrictions etc. that your child may have: _____

My child's health insurance plan is: _____

Plan Number: _____

Name of hospital/clinic: _____

Name of child's doctor: _____

Doctor's Phone number:(_____) _____

Parent/Guardian Signature: _____ Date: _____

Ku's TaekwonDo Academy
After School Program

Dear Parents/ Guardians,

Re: Peanut Free

This letter is to inform you of a new policy at Ku's Taekwondo Academy. We must eliminate all nut or peanut products from our after school. We have students with severe food allergies that are life-threatening. The allergic students can become ill if they touch or eat products that contain peanuts, peanut butter, or peanut oil.

Please do not send any snacks that contain these products to the after school. If you send a bagged lunch/snack, make sure that it does not contain any peanut products. If any unauthorized snack is brought, it will be taken away and disposed of.

We would like to keep all our students healthy and safe so we greatly appreciate your cooperation in this matter.

Sincerely,

Ku's Taekwondo Academy & Staff

Please sign and return to after school teacher or front office.

I have read and understand the policy about Ku's Taekwondo Academy Peanut Free after School.

Parent/Guardian Signature: _____ **Date:** _____