



12276-615 San Jose Blvd
Mandarin, FL 32223

Pak's Karate Academy of Mandarin 262-8200

2015 Summer Camp

Full Day - Half Day
June 8 - August 21

Campers will enjoy a karate class, play games and have a blast. We will also make a craft and have reading time. Campers need to bring a lunch, a book, a board game and 2 snacks.

Types of Camps

Full Day Camp	7:30 - 5:30	\$120 per week
1/2 Day Camp	7:30-12 or 1-5:30	\$70 per wk
One Day Camp	7:30 - 5:30	\$45 per day
Friday Fun Day	8:00 - 12:00	\$25 per day

Fun Friday

Schedule

Inflated Water Slides 6/12, 7/3, 7/24, 8/7

Fun Day 6/19, 7/10, 7/31, 8/14

Water Balloons & Water Guns 6/26, 7/17, 8/14

Days / Weeks : _____

Weeks: June 8-12, June 15-19, June 22-26, Jun 29-Jul 3,
Jul 6-10, Jul 13-17, Jul 20-24, Jul 27-31, Aug 3-7, Aug 10-14, Aug 17-21

Times : _____

Camper's Name: _____

Camper's age: _____

Allergies: _____

Medications: _____

Email: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

**Permission Slip / Release on back of
form must be completed before child
may attend camp.**

\$50 Non-Refundable Registration Required when Reservation is Made (One Registration Fee covers the entire summer)

Weekly Payments are due by the Friday prior to the week of Camp * (We will take drop-ins if camp is not full, please call ahead)

Last Name: _____

First Name: _____

Address: _____

City: _____

State: FL

Zip: _____

Email: _____

The undersigned clearly understands and agrees to the following:

I, the undersigned, do hereby voluntarily submit my application for my child's attendance and participation in Pak's Karate Academy of Mandarin. I also understand that karate can be a dangerous and hazardous activity and do hereby waive all claims against Pak's Karate Academy of Mandarin, its owners, agents, sponsors, officers, instructors and members, for all claims of injury or death that my child may sustain or incur while attending or participating in the Pak's Karate Academy of Mandarin Summer Camp, training program and all other of its school activities. I fully understand that any medical treatment given to my child will be of a first aid treatment type only. This school will not consider any applicant, if under a doctor's care, without a written consent from his or her doctor. I fully understand that any violation of the school's bylaws or constitution will result in dismissal.

Signature of Parent / Guardian

date

Please provide a copy of your medical insurance card.

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