



## **2015 Camp Registration**

### **11TH ANNUAL TAE KWON DO SLEEP AWAY CAMP**

**PLEASE COMPLETE ALL INFORMATION NEATLY IN BLACK OR BLUE INK.**

**August 10-14, 2015**

**Campers Name**

Last \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_ Male \_\_\_\_ Female

Parent's name: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell # \_\_\_\_\_

Additional information you would like to provide us...(this is voluntary with the sole intent of providing your camper with a safe and enjoyable week)

Tee shirt size: Y-medium \_\_\_\_\_ Y-large \_\_\_\_\_ A-small \_\_\_\_\_ A-medium \_\_\_\_\_ A-large \_\_\_\_\_ A-XL \_\_\_\_\_

Has your son/daughter ever experienced an overnight camp before? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you find out about Tae Kwon Do Camp? \_\_\_\_\_

**EMERGENCY CONTACTS – OTHER THAN PARENTS**

#1 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day # \_\_\_\_\_ Evening # \_\_\_\_\_ Cell # \_\_\_\_\_

#2 Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day # \_\_\_\_\_ Evening # \_\_\_\_\_ Cell # \_\_\_\_\_

## **HEALTH INFORMATION**

**Please be sure all health information is completely filled out on the form before submitting.** Full information about your family medical insurance is required. Please be sure that your child's physician's information is correct so that when our Doctor is reviewing the forms they may call to discuss any information prior to camp.

## **HEALTH SERVICES**

This information is made with the understanding and agreement that, in the event of illness, medical services are not supposed to be rendered, and if medical attention is given by the Medical Staff, the same is gratuitous. It is expressly understood that no claims arising from illness or medical services, if rendered, are made against the camp or Kang's Black Belt Academy. If a camper becomes injured or ill, whether the injury occurs on or off camp property, the physician may prescribe or secure whatever treatment is indicated in the judgment of the physician, including, as example only, hospitalization and surgery. We will advise parent or guardian of any injury or illness which is sufficiently serious to warrant such advice.

## **HEALTH REQUIREMENTS**

If a camper becomes ill prior to arrival at camp, please notify us. If the camper is not in **perfect health** on the day that he/she is to arrive at camp, **Kang's Black Belt Academy must be notified prior to arrival.** Parents should alert us to any camper's emotional problems.

The medical information form that you receive should be completed with all information. The instructions on the form will be followed by the medical staff.

## **MEDICATION POLICY**

All medications, prescription and over-the-counter, **will be collected the day the campers leave at the bus.** Medicines **must** be in their original containers with instructions. Please see Mark or Mary Ann Malakoff with all medications and pertinent information.

The parent/guardian is solely responsible for the cost of all medical and hospital services required. Insurance cards will be used for the purchase of prescriptions. **A copy of the insurance card, (front and back), must be included with the health forms.**

You must provide two passport size photos of your child to be kept on file...these photos need to be submitted prior to **June 1, 2015.**

**PARENTS INITIALS:** \_\_\_\_\_ By initialing here, I agree to health form, health services, health requirements and photo policy.

## **REFUND POLICY**

No refunds or prorations will be made, if the camper has attended any portion of the session. This covers all circumstances, including, but not limited to; 1) homesickness, 2) refusal to participate in the normal activities of the camp, 3) evidence that an emotional or physical problem (predating arrival or surfacing at camp) will result in a poor adjustment to camp and/or adversely effect the health and well-being of the child or our camp community.

Capital Camps and Kang's Black Belt Academy reserves the right to remove any camper from our community who violates the following guidelines, without refund;

- Bullying, physical, physiological and/or sexual abuse
- The possession of use of illegal drugs/alcohol/fireworks and/or items considered dangerous
- Disrespect for camp property and the property of others
- The possession or use of a cell phone
- Behavior that requires supervision beyond a reasonable level

**PARENTS INITIALS:** \_\_\_\_\_ **By initialing here, I agree to the deposit and refund policies.**

## **GENERAL**

A 10% discount is available when more than one child attends camp ~ 10% of the tuition fee of the second and third camper will be deducted.

Capital Camps and Kang's Black Belt Academy reserves the right to take campers off camp grounds at any time as part of the camp program and also reserve the right to alter program as necessary for the safety or smooth running of operations.

Capital Camps and Kang's Black Belt Academy may use photo/video images of campers in any/all public relations or marketing media and website display.

The acceptance of this application requires your agreement to these terms and conditions. An acknowledgment by signature is required.

I have read the entire application. I understand my responsibilities and accept the policies as stated. **I also understand the payment must accompany this application.** I hereby give permission to the medical personnel selected by Kang's Black Belt Academy to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, including hospitalization, for the applicant. Any and all claims and rights which camper and or parent may have as a result, either directly or indirectly, including, as examples only, those involving medical and legal costs, shall be governed by Maryland law and limited by Kang's Black Belt Academy insurance coverage so that Kang's Black Belt Academy, will not have any other liability and its directors, employees, and agents will have none.

Parents will be held financially responsible for damage to camp property including, but not limited to graffiti.

I agree to the terms and conditions as stated on this registration, and I agree to be responsible for payment in full to Kang's Black Belt Academy, in the amount of \$750.00. We are offering an "Early Bird" Special - If payment is received by January 31, 2015, we are offering a discounted price of \$700.00.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please direct all questions to Mark and Mary Ann Malakoff

Telephone: 301-570-1106  
Cell: 240-731-7300 (Mr. Malakoff)  
Email: makbba@verizon.net  
Web: www.Kangs.Ninja

### **Mailing Address:**

Kang's Black Belt Academy  
17810 Meeting House Rd. Suite 110  
Sandy Spring, MD 20860  
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### **OFFICE USE ONLY**

Check # \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Registration signed & initialed \_\_\_\_\_

Health forms received \_\_\_\_\_ Photos received \_\_\_\_\_ Tee shirt size \_\_\_\_\_

Medications collected: \_\_\_\_\_

## BUS INFORMATION ~ TAE KWON DO CAMP ~ AUGUST 2015

Please limit luggage to one duffel bag. One carry-on bag or backpack is also allowed on the bus.

Upon arrival, see Mr. Malakoff to be sure your luggage is in the right area to be put on the bus. After you drop your luggage, please check in with Mrs. Malakoff to receive your bus assignment and to collect any paperwork and/or medications. If your child has developed a condition just prior to camp that was not listed on the forms, please call and arrange to fax instructions from your physician so we can add to your child's medical file. All fees should have been submitted at this point, along with photos of your child and health forms. Health forms must be on file or your child will not be allowed on the bus.

Once campers have completed their check in, they may wait with friends and families until given the signal to board the buses. We ask parents to say their good-byes prior to boarding. When the buses are ready to depart, please stand back and wave cheerfully!

PARENTS: No crying until the buses are gone!

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**Location for drop off and pick up: AT THE STUDIO!!**

**17810 MEETING HOUSE RD, SANDY SPRING MD 20860**

Monday, August 10th – Depart time: 8:30 a.m. (please be there no later than 8:00 a.m.)

Friday, August 14th – Return time: approximately 3:00 p.m.

PLEASE ARRIVE 30 MINUTES BEFORE DEPARTURE TO ALLOW FOR CHECK IN AND LUGGAGE LOADING.

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TO VIEW PICTURES OF THE CAMPERS DURING THE WEEK, PLEASE VISIT  
THE BELOW WEBSITE:

**TO BE ANNOUNCED**

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**Email your campers:**

**[makbba@verizon.net](mailto:makbba@verizon.net)**

# WHAT TO BRING.....2015

## ALL CAMPERS

We suggest that each camper bring the following items to camp. Please be sure that each item packed is properly identified with either labels or a water-resistant marker.

### Clothing:

- 1 medium lightweight sweatshirt
- 1 raincoat or poncho
- 5 tee shirts
- Kang's Tee shirts to train in
- 1 long sleeve shirt
- 1 bathing suit
- 5 pair shorts
- 1 pair of sneakers
- 8 pair of underwear
- 8 pair of socks
- 1 pair of long pants
- 1 hat or bandana
- 1 lightweight pajamas/sweats
- 1 pair of shower shoes

### Linens & toiletries:

- pillow/blanket
- 1 set of TWIN sheets/pillowcases
- 1 beach towel
- 1 bath towel
- 1 washcloth
- insect repellent
- stationary, stamps & pen
- box of tissues
- soap (in a container)
- shampoo/conditioner
- toothbrush & toothpaste
- deodorant
- comb & brush
- carry-all for toiletries
- flashlight & extra batteries

Laundry bag (**every camper must bring one**)

### "Karate stuff":

- Karate pants
- Kang's tee shirts preferred\*\*\*\*\*each camper will be provided a Kang's tee to dye-tye
- Sparring gear (if the camper has it)
- Water bottle

### Optional items:

- Books
- Journal & pens
- camera & film (disposable)

**PLEASE PACK AN OUTFIT FOR THE MUD OBSTACLE COURSE...SOMETHING THAT CAN GET VERY DIRTY OR CAN BE THROWN AWAY.....AND A BAG TO PUT IT IN.....**

**\*\*\*\*NO CROCKS OR OPEN-TOED SHOES ARE PERMITTED AT CAMP\*\*\*\***

**Please fill out this health form completely.** Campers are not singled out, made to feel embarrassed or treated differently because of information gathered from the health form. Rather, the more we know ahead of time, the easier it is to help your child have a successful experience at camp. Thank you!

## SECTION I – BASIC CONTACT INFORMATION

Camper Name \_\_\_\_\_  
Birth date / / Age \_\_\_\_\_ Social Security # \_\_\_\_\_  
Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_  
Gender ☐ Male ☐ Female  
Camper Lives With: ☐ Mother & Father ☐ Mother ☐ Father ☐ Grandparent ☐ Other:  
Mother/Guardian #1 Name \_\_\_\_\_  
Day Phone Night Phone \_\_\_\_\_  
Day Phone is ☐ Home ☐ Work ☐ Cell ☐ Pager Night Phone is ☐ Home ☐ Work ☐ Cell ☐ Pager  
Father/Guardian #2 Name \_\_\_\_\_  
Day Phone Night Phone \_\_\_\_\_  
Day Phone is ☐ Home ☐ Work ☐ Cell ☐ Pager Night Phone is ☐ Home ☐ Work ☐ Cell ☐ Pager  
Additional Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_  
(In case we can't reach YOU)  
Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_  
Day Phone is ☐ Home ☐ Work ☐ Cell ☐ Pager Night Phone is ☐ Home ☐ Work ☐ Cell ☐ Pager  
Family Physician Name Phone \_\_\_\_\_  
Dentist/Orthodontist Name Phone \_\_\_\_\_

### If you will be traveling during your camper's stay at Kang's...

**Please inform us in writing of any travel plans. Attach phone numbers, local relative names and numbers, and/or any other information that would assist us in contacting you in case of emergency. Thank you.**

## SECTION II – INSURANCE INFORMATION

Is the camper covered by family medical/hospital insurance? ☐ Yes ☐ No  
If yes, indicate Insurance Carrier Group or Policy (**please provide copy of front & back of insurance card**)  
# \_\_\_\_\_

Address for Claims \_\_\_\_\_

Policy Holder's Name Relationship to participant \_\_\_\_\_  
Policy Holder's SS# or Insurance ID # \_\_\_\_\_

## SECTION III – MEDICATIONS & RESTRICTIONS

Will camper be taking medications while at camp? \_ Yes \_ No (Medications include prescription, over-the-counter, vitamins, inhalers, etc. If camper will be taking medications while at camp, please list all (prescription and non-prescription). Include the medication name, prescribing physician, physicians' phone number, and the dosage instructions. Use an additional sheet if needed. When you check-in at camp, please provide all medications in their original packaging that identifies the prescribing physician (if prescription drug), the name of the medication, the dosage, and frequency of administration.

Medication Dosage Take at what times \_\_\_\_\_  
Reason for Taking \_\_\_\_\_  
Prescribing Physician Phone \_\_\_\_\_  
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Reason for Taking \_\_\_\_\_  
Prescribing Physician Phone \_\_\_\_\_  
Special Instructions or Considerations for Minor Illness \_\_\_\_\_

Unless specific instructions are provided camp health care staff will treat minor illnesses with over the counter medications. If illness persists, parents will be notified.

Special Dietary Needs \_\_\_\_\_

Physical Activities to be Limited or Restricted while at Camp \_\_\_\_\_

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## SECTION IV – ALLERGIES

☐ Camper does not have any Allergies

Camper is allergic to

☐ 1. Hay Fever ☐ 2. Poison Ivy/Oak ☐ 3. Insect Stings ☐ 4. Food ☐ 5. Penicillin ☐ 6. Other Drugs ☐ 7. Other

List allergy. Describe reaction and treatment \_\_\_\_\_

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## SECTION V – IMMUNIZATIONS

**Please record the month and year of immunizations. If you do not know the dates or whether camper has had certain immunizations, please contact their doctor's office for information.**

DPT (Diphtheria, Pertussis, Tetanus)..... \_\_\_\_\_

Tetanus Booster \_\_\_\_\_

Polio. \_\_\_\_\_

MMR (Measles, Mumps, Rubella) \_\_\_\_\_

HIB (Haemophilus Influenza B) \_\_\_\_\_

Tuberculin Test \_\_\_\_\_

Varicella (Chicken Pox) \_\_\_\_\_

Hepatitis B \_\_\_\_\_

## SECTION VI – HEALTH HISTORY

**Please know that we value your privacy. Health History information is available only to the camp doctor/nurse. The doctor/nurse may choose to inform the director or your child's counselors only when such knowledge would help your child to have a more successful experience. The more information you provide, the better we can do our job. Thanks!**

Has the camper have a history of or is prone to any of the following (Please check all that apply).

- ☐ 1. Recent injury, illness or infectious disease
- ☐ 2. Chronic or recurring illness
- ☐ 3. Asthma
- ☐ 4. Homesickness
- ☐ 5. History of Bedwetting
- ☐ 6. Sleepwalks
- ☐ 7. Nightmares / Night Terrors
- ☐ 8. Frequent Ear Infections
- ☐ 9. Seizure Disorder or Convulsions
- ☐ 10. Dizziness during or after exercise
- ☐ 11. Chest pain during or after exercise
- ☐ 12. Heart Defect/Disease
- ☐ 13. Hypertension
- ☐ 14. Bleeding/Clotting Disorders
- ☐ 15. Diabetes
- ☐ 16. Mononucleosis (in last 12 months)
- ☐ 17. Chicken Pox
- ☐ 18. Measles
- ☐ 19. German Measles
- ☐ 20. Mumps
- ☐ 21. Tuberculosis
- ☐ 22. Hepatitis
- ☐ 23. Joint problems (knees, ankles)
- ☐ 24. Fractures
- ☐ 25. Frequent Headaches
- ☐ 26. Head Injury
- ☐ 27. Psychiatric Treatment
- ☐ 28. Eating Disorder
- ☐ 29. Diarrhea or constipation
- ☐ 30. Frequent Stomachaches
- ☐ 31. Wears glasses or contacts
- ☐ 32. Been Hospitalized
- ☐ 33. Wears a Medic Alert ID

Please list the number and provide explanation for any checked items

For females, has she menstruated? ☐ Yes ☐ No If not, has she been told about it? ☐ Yes ☐ No

## SECTION VII – AUTHORIZATION

My child has permission to engage in all prescribed camp activities except as noted. I give permission to Kang's Black Belt Academy to use photographs, video and audio recordings of my child in camp publicity and to transport my child as needed for camp activities. I give permission for forms to be copied for activities occurring off of camp property. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations which should be known to the camp staff and medical personnel. I hereby give permission to medical personnel selected by Kang's Black Belt Academy to order xrays routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to medical personnel to secure and administer emergency medical treatment, including hospitalization for my child.

Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_

**Mail Completed Form To:**

**Mark and Mary Ann Malakoff**

**17810 Meeting House Rd. Suite 110**

**301-570-1106**

**makbba@verizon.net**



## Non-Prescription Medication Authorization for Camp

We will have the following medications available on-site at camp August 10-14, 2015. Please initial next to the name of all medications that you will allow to be administered to your child if warranted:

☐ Tylenol  
☐ Ibuprofen  
☐ Benadryl  
☐ Claritin  
☐ Maalox (or Tums)  
☐ Delsym (cough suppressant)  
☐ Antibiotic Ointment  
☐ Calamine Lotion  
☐ Hydrocortisone Cream  
☐ Pepto Bismol

Camper's Name \_\_\_\_\_

Weight \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_