

Ray's Tae Kwon Do Center

Summer Camp Application

ind 5 East (ant)	Child's F	Child's First Name:		
nild's Date of Birth:	Age:		Grade:	
)Parent/Guardian's Name:		Rela	ntionship:	
nrent/Guardian's Primary Phone Number: ()			
econdary Phone Number: ()				
nrent/Guardian's Address:				
mail Address:		City	Zip	
)Parent/Guardian's Name:		Rela	tionship:	
rent/Guardian's Primary Phone Number: ()			
condary Phone Number: ()				
rent/Guardian's Address:				
mail Address:	City		Zip	
	MEDICAL HISTORY			
ledication(s):				
st any other health problems or physical limitation(s) be	elow:	List all Allergi	es below:	
What kind of swimmer is your child?	not at all	fair	good	excellent
In addition to those listed above, the following parent/guardian cannot be reached. You	g individuals below	are permitted	to pick-up your o	child(ren) if the
In addition to those listed above, the following parent/guardian cannot be reached. You	g individuals below	are permitted	to pick-up your o	child(ren) if the n this list.
In addition to those listed above, the following parent/guardian cannot be reached. You Name R	g individuals below ir child will not be i	are permitted released to any	to pick-up your o	child(ren) if the n this list.
In addition to those listed above, the following parent/guardian cannot be reached. You name R. Name R. Name R.	g individuals below or child will not be on elationship	are permitted released to any	to pick-up your cyone who is not on	child(ren) if the n this list.
In addition to those listed above, the following parent/guardian cannot be reached. You have Romanne R	g individuals below ar child will not be a elationship elationship	are permitted released to any	to pick-up your or yone who is not or Phone	child(ren) if the n this list.
In addition to those listed above, the following parent/guardian cannot be reached. You have Romanne R	g individuals below ar child will not be a elationship elationship elationship	are permitted released to any	Phone Phone Phone	child(ren) if the n this list.

My child is in good health and there are no known physical or mental defects that would endanger his/her own well-being or that of other students. I realize that the activities involved in his/her education involves physical contact and I hereby relinquish all rights to claim or recover damages for personal injuries in connection with his/her education at Ray's Tae Kwon Do Center. These activities include those activities performed at the center, off the center, and in transport to and from the center. Permission is hereby given for my child(ren) to participate in all of the Center's activities, including but not limited to training, games, playtime, trips to the park, and field trips. This release of legal rights is not only binding upon me, but upon my survivors and representatives as well. This release operates in favor of Ray's Tae Kwon Do Center, Inc., Master Ray Rodriguez, their agents, representatives, instructors and employees. The undersigned also acknowledges that He/She may be photographed or filmed while attending at the premises of Rays Tae Kwon Do Center and he/she gives permission to Rays Tae Kwon Do Center, and any affiliates to use any and all photos, video footage, and/or video streaming for promotional, sales, publicity, and advertising purposes for all media including internet. I knowingly and voluntarily give up my legal rights against all of these persons and entities.

Ray's Tae Kwon Do Center

nild's Last Name: Child's First Name:			
Registration \$285 (1) Child Additional Sil Camp Fee Includes: Te	Camp Fees: : \$55 Supply Fee: \$25 blings 10% off for Each Additional Sibling -Shirt, Backpack and all Field Trips ize:		
Bag Received:			
Registration:	Supply Fee:		
*Please check off	f the weeks attending below:		
Week #1 Tuition: (June 12 th - 16 th)			
Week #2 Tuition: (June 19 th - 23 rd)	Week #5 Tuition: (July 17 th – 21 st)		
Week #3 Tuition: (June 26 th – June 30 th)	Week #6 Tuition: (July 24 th – July 28 th)		
credit card info:	mex		
card#	Exp <u>:</u> code		
How did you hear about us?			