

Spring Break Camp 2026



Setting A Higher Standard.

at Burke's EMA:

9568 Old Keene Mill Rd., Burke VA 22015

Kingstowne's EMA:

6457 Old Beulah St., Alexandria VA 22315

Elite M.A. Centers at BURKE & KINGSTOWNE will be hosting this year's Spring Break Camp on selected days from 3/30 to 4/3. Join us for full day camps (7:30am-6:15pm) that include martial arts training, group games, movies, and other field trips.

Please use the attached form to register for any of the available days. Get **\$10 OFF** Per Child, Each Day, when you register before 3/1/26. Open to all EMA students as well as guests. Our programs tend to fill up rather quickly so to ensure you get into a camp of choice, please register as early as possible.



Drop-off Time: 7:30am - 9:30am

Pick-up Time: 4:00pm - 6:15pm



Things to bring to camp:

- TKD Uniform (EMA students)
- Socks & Shoes
- Books & Games (for quiet times)
- Lunch & Snacks
- Water bottle

CAMP POLICIES:

ARRIVAL & DEPARTURE: Campers should be dropped off each day at Elite M.A. Centers between 7:30am - 9:30am. Campers may be picked up each day at EMA Centers between 4:00pm-6:15pm. If you come to pick-up or drop-off at other than these times, we may not be at the school.

CONDUCT: The Elite M.A. Centers Camp Program reserves the right to send home any camper whose behavior is considered by the director or any other authorized Elite M.A. Centers employee to be detrimental to the best interests, health, and safety of other campers, staff, or the school.

FOOD: Students must bring a bag lunch everyday. There are also snack breaks throughout the day.

MONEY: During snack breaks and on field trips, students will have a chance to purchase food, so you can send some change with your child if desired. Drinks and small items are \$.50 - \$1.25 at the school.

PHONE CALLS: Only staff may use the phone. Unless it's a family/medical emergency, please do not call your child(ren) during camp. No texting or talking on cell phones is allowed at camp.

HEALTH AND SAFETY: The health and safety of each camper is our primary concern. Every effort will be made to contact parents or guardians in the event of an emergency. If the parent or guardian cannot be reached, the emergency contact person will be notified. In this case, the camp director will select a physician who will make a decision regarding the treatment, hospitalization, injections, anesthesia, or surgery which he/she deems necessary for your child.

MEDICATIONS: Medications should be dropped off along with written instructions for administering them. We are not permitted to administer medication not provided by the parents/guardians.

ENROLLMENT: All registration fees are non-refundable. No credits or refunds will be given to any unattended camp day(s).

www.EmaCenter.com

Registration Form: Please select your camp(s)



___ Mon. 3/30 ___ Tues. 3/31 ___ Wed. 4/1 ___ Thurs. 4/2 ___ Fri. 4/3

Choose your location:

___ **Burke**

9568 Old Keene Mill Rd., Burke,
VA 22015 703-372-5877

___ **Kingstowne**

6457 Old Beulah St., Alexandria,
VA 22315 703-971-8560

Register Before 3/1

___ 1st/2nd Child: **\$70/day**

___ 3rd/4th Child: **\$35/day**

COST:

Register After 3/1

___ 1st/2nd Child: **\$80/day**

___ 3rd/4th Child: **\$40/day**

Total: _____ (Please return form along with payment. All payments are non-refundable)

Child 1 Name: _____ Gender: _____ Age: _____

Child 2 Name: _____ Gender: _____ Age: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Parent/Guardian Name: _____

Emergency Contact: _____

Phone: _____

Allergies/Health Concerns: _____

Consent and Release Form

I, the undersigned member, hereby acknowledge that I am aware of the strenuous physical exercise involved in the participation of the Elite M.A. Centers Camp given by the sponsors. I also understand that during the camp, students may be transported to activities at various sites in Elite M.A. Centers vehicles. I, the undersigned, recognize these risks and agree to assume these risks by allowing my child to attend Elite M.A. Centers Camp and participate in these programs. I, as parent or guardian of a student, hereby release, discharge and agree to indemnify Elite M.A. Centers Camp, its directors, officers, and employees from all liability for damage, injury, or illness to the students or his/her property relating to or deriving from his/her presence at Elite M.A. Centers Camp or participation in any Elite M.A. Centers sponsored trips and activities. 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 Elite M.A. Centers Camp Program. I, the Enrollee or member 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, pictures, or videotapes of Enrollee(s), in which Enrollee(s) may be included in whole or in part. I hereby consent to allow the sponsors to take such actions as is necessary to contact and provide emergency and medical assistance to my child(ren).

It is understood and agreed that any payment received will not be returned to the student or buyer for any reason. No credits will be issued for any missed camp day(s). _____ (initials)

Parent's Signature: _____ Date: _____

Burke: 9568 Old Keene Mill Road, Burke VA, 22015 703-372-5877 burke@emacenter.com
Kingstowne: 6457 Old Beulah Street, Alexandria, VA 22315 703-971-8560 kingstowne@emacenter.com

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