

# Winter Camp 2021

## Week of 12/20-12/23



Setting A Higher Standard.

at Fairfax's EMA:

9514 Main Street, Fairfax, VA 22030

Springfield's EMA:

6230-C Rolling Road, Springfield, VA 22152

Elite M.A. Centers at FAIRFAX & SPRINGFIELD will be hosting this year's Winter Break Camp on selected days from 12/20 through 12/23. 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 **11/23/21**. 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 - 10:00am

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



### Things to bring to camp:

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

### CAMP POLICIES:

**ARRIVAL AND DEPARTURE:** Campers should be dropped off each day at Elite M.A. Centers between 7:30am - 10:00am. Campers may be picked up each day at Elite M.A. Centers between 4:00pm - 6:15pm. If you come to pick-up or drop-off other than these times, we may not be at the school.

**PICK-UP POLICY:** Students may be picked-up between 4:00pm and 6:15pm at Elite M.A. Centers. If a camper is picked up later than the listed time, there's a \$5.00 late charge for every five (5) minutes over the ending time of his/her program.

**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. Refunds on disciplinary dismissals are determined on a case by case basis.

**FOOD:** Every day students must bring a bag lunch. There are also snack breaks throughout the day.

**MONEY:** During snack breaks, 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 members may use the phone. Unless it's a family/medical emergency, please do not call your child(ren) during camp. We (and not the camper) will contact parents/guardians as necessary. No cell phones are 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. If necessary, 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](http://www.Emacenter.com)

## Registration Form: Week of 12/20-12/23

Please select your camp(s)

Mon. 12/20   
  Tues. 12/21   
  Wed. 12/22   
  Thurs. 12/23

Choose your location:

**Fairfax**  
 9514 Main Street, Fairfax,  
 VA 22030 703-425-8425

**Springfield**  
 6230-C Rolling Road, Springfield,  
 VA 22152 703-644-4889

Register Before 11/23

Individuals: **\$55/day**

2nd/3rd **\$40/day**  
Family Members:

**COST:**

Register After 11/23

Individuals: **\$65/day**

2nd/3rd **\$50/day**  
Family Members:



**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 understand that the risk of becoming exposed to or infected by COVID-19 at the Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Center's employees, volunteers, and program participants and their families. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Center, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Center, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Center programs.

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: \_\_\_\_\_

**Fairfax:** 9514 Main Street, Fairfax, VA 22030 703-425-8425 fairfax@emacenter.com  
**Springfield:** 6230-C Rolling Road, Springfield, VA 22152 703-644-4889 info@emacenter.com

(detach here and keep the left side)