Lead By Example Tae Kwon Do

CAMP 2019

Excursions may include:  Bowling, Movies, Trampoline Park, Bounce House, Laser Tag, Swimming, Mini Golf, Museum, TKD Weapons Training, Nature Park and Trails

Daily Schedule:

8:30am - 10:00am  Drop Off/TV Time/Game Time/Free Time
10:00am - 11:00am  Lunch and Clean up
11:00am - 4:00pm  Daily Excursion
4:00pm - 4:30pm  Reading Time
4:30pm - 5:30pm  TKD or Weapons Training
5:30pm - 6:30pm  Free Time and Pick Up ($5/min late pick up)

Schedule and daily excursions are subject to change
Remember to Pack a Lunch, Leave a Car Seat, Bring TKD uniform and a Book to Read
Swimming Days (Swim Suit, Towel, Sunscreen), Bowling or Trampoline Park (Bring socks)
Extra Money for Snacks may be given to your camp counselor but not required
PARENTS: Please Label everything!

WHO:  Ages 4-14

WHEN:  8:30am - 6:30pm

CAMP SESSIONS:

Spring Break Camp:  April 15-19
Summer Camps:  June 17-21
            July 15-19
            Aug 12-16
June 24-26
July 1-5
July 8-12
July 22-26
July 29-Aug 2
Aug 5-9
Aug 19-23
School Starts Monday, Aug 26

Pre-Register by January 31st
Enroll for 10+ weeks  = $225/week
Enroll for 1-9 weeks  = $250/week
Daily Rate  = $70/day

After January 31st:
Enroll for 10+ weeks  = $250/week
Enroll for 1-9 weeks  = $275/week
Daily Rate  = $70/day

Before/After Extended Care Available
30 min = $15/day
60 min = $25/day

You may PRE-Pay now and decide which weeks to reserve Later
Full Weeks MAY NOT be divided into individual days

RESERVE YOUR SPOT TODAY! LIMITED SPACE AVAILABLE!

www.LeadByExampleTaeKwonDo.com
Lead By Example Tae Kwon Do 2019 CAMP REGISTRATION FORM

1st Child: ___________________________________ Age: ______ DOB: ____________

2nd Child: ___________________________________ Age: ______ DOB: ____________

3rd Child: ___________________________________ Age: ______ DOB: ____________

Name of Parents: _________________________________________________________________

Street Address: _________________________________________________________________

City____________________ State__________ Zip__________________________

Telephone (Home) ______________________ (Work/Cell) ______________________

Other Than A Parent, another relative or friend if possible:

Emergency Contact Name & Phone ________________________________________________

Does your child have any medical problems or need for medication that we should now about?

____________________________________________________________________________

____________________________________________________________________________

Allergies/Medications: ___________________________________________________________________________________________

Session Dates:  

☐ April 15-19 Spring Break  WHEN: 8:30am - 6:30pm  

☐ June 17-21  Before/After Extended Care For an additional fee  

☐ June 24-28  30 min = $15/day  

☐ July 1-5  60 min = $25/day  

☐ July 8-12  COST: Register for 10+ wks = $225/wk (after 1/31 $250/wk)

☐ July 15-19  Register for 1-9 wks = $250/wk (after 1/31 $275/wk)

☐ July 22-26  Daily Rate = $70/day

☐ July 29-Aug 2

☐ August 5-9  2018 Required Camp Tee $15 plus tax and/or cc fee

☐ August 12-16  SIZE _____ x QTY______

☐ August 19-23  SIZE _____ x QTY______

☐ Other Dates___________________________________________________________________

Waiver: Lead By Example, Inc (LBE, Inc) its employees, agents or volunteers assume no liability for injuries or damages arising or resulting from participation unless due to willful fault or gross negligence on the part of the employees or volunteers. Due to the strenuous nature of some activities, the participant is urged to consult a physician concerning fitness to participate. All activities present certain inherent risks and hazards which the participant and the parent or guardian are urged to consider and which the participant and the parent or guardian assumes. I hereby approve my child's participation in this class and camp. To the best of my knowledge, the participant is medically fit to participate. Being duly aware of the risks and hazards inherent in activities relating to this class, I hereby authorize my child to participate in said activities. I voluntarily assume all risks of loss, damage, or injury that my child may sustain while participating. I hereby authorize LBE, Inc. to seek immediate medical treatment for the child(ren) listed above, if a medical emergency arises while he/she participates. I hereby release Thomas Lightfoot, Jr., Janet Lightfoot, Michael Lerch, William Burket, LBE Inc. and all persons connected with said activities from any and all claims, demands and causes of action on account of injury which may occur from my child's participation. I allow LBE to use any photos of camp for promotional purposes.

Refund Policy: If I need to withdraw my child PRIOR to the Summer Fun beginning, AND if and only if LBE, Inc. can fill my space, then I understand I may receive a refund of the tuition minus a $50 administrative fee. I also fully understand that once sessions begin, there are absolutely no refunds in the event my child must withdraw from or misses any days. Also, if my child is inappropriate in class and represents a danger to other children, LBE Inc. reserves the right to remove him/her without a refund.

Signature of Parent or Guardian: ___________________________ Date: ____________

Total Tuition Due: _________________________ Paid By: Check Credit Card  Credit Card Number: ____________

Cash  Chk#: _________________________

Notes: ______________________________________________________________________

www.LeadByExampleTaeKwonDo.com