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WEST AMERICA TAE KWON DO
SUMMER CAMP
2024 REGISTRATION FORM

FIRST CAMP JUNE 17 - 21,
LAST CAMP AUGUST 12 - 16

Camp begins at 9:00 am

DO NOT LEAVE CHILDREN OUTSIDE THE DOJO! –even if other kids
or minor age Black Belts are waiting outside. The only acceptable drop off
is to an adult instructor inside the dojo.

Camp ends at 2:00 pm

The latest pick up time is 2:10 pm.
THERE WILL BE A CHARGE FOR LATE PICK UPS.



(If campers attend different sessions, please use separate forms for each)

Camper(s) Information

Child 1 _____ Grade in Fall 20 _____
Child 2 _____ Grade in Fall 20 _____
Child 3 _____ Grade in Fall 20 _____

Parent(s) Information

Parent 1 _____
Relationship to Child/Children _____
Home Phone _____ Cell Phone _____
Work Phone _____ E-mail _____
Address _____
City _____ State _____ Zip _____

Parent 2 _____
Relationship to Child/Children _____
Home Phone _____ Cell Phone _____
Work Phone _____ E-mail _____
Address _____
City _____ State _____ Zip _____
Child/Children live with Both parents together Both parents separately
 Parent 1 only Parent 2 only

Emergency Contact

Name _____
Relationship to Child/Children _____
Home Phone _____ Cell Phone _____
Work Phone _____

Person Authorized to Pick Up Your Child or Children
Anytime (Other than Parents)

Name(s) _____

Medical Information

Health Insurance Company _____
Policy No(s) _____
Doctor _____ Phone _____
Dentist _____ Phone _____

Please list all allergies, and any dietary restrictions.

Camp Dates (Check Appropriate)

- Session 1 (June 17 - 21) Session 5 (July 22 - 26)
- Session 2 (June 24 - 28) Session 6 (July 29 - August 2)
- Session 3 (July 8 - 12) Session 7 (August 5 - 9)
- Session 4 (July 15 - 19) Session 8 (August 12 - 16)

Payment Information

No. of Session(s) _____ x No. of Child/Children _____ x (\$450/\$425/\$400)
Total Amount \$ _____

Camp Fee:

\$450/week non current members
\$425/week current members
\$400/week early bird registration by 3/13/2024

After care: \$15/hour (subject to availability)

- By Check (Make Check Payable to West America Tae Kwon Do)
 - By Credit Card VISA
- Name on Card _____ Exp Date ____ / ____
Card Number _____ - _____ - _____ - _____ CVV _____

For more information, visit www.westamericatkd.com
OR call (415) 383-4755



Return this form with check to:
West America Tae Kwon Do, 70 Lomita Drive, Mill Valley, CA 94941