

Attached Payment Check Here

WEST AMERICA TAE KWON DO
SUMMER CAMP
2023 REGISTRATION FORM

FIRST CAMP JUNE 12 - 16,
LAST CAMP AUGUST 14 - 18

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 12 - 16) [] Session 6 (July 24 - 28)
[] Session 2 (June 19 - 23) [] Session 7 (July 31 - Aug 4)
[] Session 3 (June 26 - 30) [] Session 8 (August 7 - 11)
[] Session 4 (July 10 - 14) [] Session 9 (August 14 - 18)
[] Session 5 (July 17 - 21)

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 3/31/2023

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

- [] By Check (Make Check Payable to West America Tae Kwon Do)
[] By Credit Card [] VISA [] MasterCard
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