

2021 Summer "CAMP MAX" Registration

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Maximum FUN

136 CS Floyd Road
 Loganville, GA 30052
 770 / 466 - 5425 (KICK)

**Patriot
 Karate**

Child Name: _____ Age: _____

Parent Name : _____ Email: _____

Address: _____ City: _____ Zip: _____

Cell Phone _____

Each week will have activities, crafts, and karate

Lunch is provided on Fridays. Snacks provided daily.

Registration FEE: \$50.00

Camp Week and Dates		1 Child	2 Children	3 Children	Paid Retainer \$10.00	Tuition paid amount	Tuition Date Paid
Rate = \$35.00 per day							
Weekly Rate = \$150.00		\$ 160.00	\$ 260.00	\$ 360.00			
Wk 1 May 26 thru May 28th	3 Days	\$ 96.00	\$ 156.00	\$ 216.00			
Wk 2 June 1st thru June 4th	4 Days	\$ 128.00	\$ 208.00	\$ 288.00			
Wk 3 June 7 thru June 11th		\$ 160.00	\$ 260.00	\$ 360.00			
Wk 4 June 14th thru 18th		\$ 160.00	\$ 260.00	\$ 360.00			
Wk 5 June 21st thru 25th		\$ 160.00	\$ 260.00	\$ 360.00			
Wk 6 June 28th thru July 2nd		\$ 160.00	\$ 260.00	\$ 360.00			
Wk 7 June 29th thru July 2nd		\$ 160.00	\$ 260.00	\$ 360.00			
Wk 8 July 6th thru 9th	4 Days	\$ 128.00	\$ 208.00	\$ 288.00			
Wk 9 July 12th thru 16th		\$ 160.00	\$ 260.00	\$ 360.00			
Wk 10 July 19th thru 23rd		\$ 160.00	\$ 260.00	\$ 360.00			
Wk 11 July 26th to July 30th		\$ 160.00	\$ 260.00	\$ 360.00			
Aug 1st		\$ 35.00	\$ 70.00	\$ 105.00			
2-Aug		\$ 35.00	\$ 70.00	\$ 105.00			

Credit Card # _____

EXP and CVV _____

Authorized Pick

Up: _____

Relationship: _____

Authorized Pick

Up: _____

Relationship: _____

Authorization for participation and transportation for field trips:

I / We authorize Patriot Karate to transport my child during summer camp to designated field trip locations

We hereby grant permission for our son/daughter to participate. We understand that adequate and appropriate supervision will be provided. In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

WAIVER: We recognize, however, that unanticipated situations and problems can arise on any trip which situations or problems are not reasonably within the control of the staff or otherwise, (including volunteers). We further agree to release and hold harmless Patriot Karate, Evolution Martial Arts, its agents, employees, officers, and volunteers, from any and all liability, claims, suits, demands, judgements, costs, interest and expense, (including attorneys' fees and costs) arising from such activities.

Parent or Guardian Signature: _____

Date: _____

Medication / Allergies:

Please indicate your child's swimming level: Expert Intermediate Beginner Cannot Swim

Please check below IF your child has sensitivity to: Bee Sting Nuts Dairy Latex

Other _____ Please check below IF your child has: Asthma Diabetes

Kidney Injuries Seizure Disorder Heart Condition . Other

Medical Condition Required medications: _____

FOOD ALLERGIES: _____

FOOD ALLERGIES: _____

FOOD ALLERGIES: _____

If the student requires medication, the medication must be provided to Patriot Karate. If ordered by the student's physician, an EpiPen must be provided for all field trips.

Notify in case of emergency:

Name : _____ Phone: _____

Relationship: _____

Name : _____ Phone: _____

Relationship: _____

I, the parent/legal guardian of the above named child/children, acknowledge Patriot Karate / Evolution Martial Arts is not a licensed day care facility. This program is not required to be licensed by the Georgia Department of Early Care and Learning as it is exempt from the state licensure requirements.

Exemption number: EX-49607

Parent or Guardian Signature: _____ Date: _____