



## **THE DOJO AMERICAN KARATE CENTERS – AT DUNWOODY**

Georgetown Shopping Center, 4478-B Chamblee-Dunwoody Rd.

Phone: (770) 451-9900

DunwoodyDojo@gmail.com

www.Dunwoodydojo.com

### **2018 Summer Camp Information for The Dunwoody Location Only**

#### **CAMP HOURS:**

**Partial Day Camp hours** - 9:00am to 3:00pm Monday thru Friday

**Full Day Camp Hours** - 7:30am to 5:30pm Monday thru Friday.

#### **CAMP TUITION FOR THE DUNWOODY STUDIO:**

Partial Day Campers (9 am to 3 pm) \*

\$175.00/week

Full Day Campers (7:30 am to 5:30 pm)\*

\$199.00/week

A \$10 fee will be charged each day a camper is picked-up later than the end of the camp day.

\*Tuition for each additional family member is discounted \$10 off of the regular rate.

We have gone to great lengths to assure your children will be safe and have TONS OF FUN at our camps. We will be following all of the guidelines and Accreditation Standards for ACA Camp Programs and Services. Our camp will also comply with all state and local regulatory guidelines.



## **FREQUENTLY ASKED QUESTIONS**

**Q. WHAT'S INCLUDED?** Everything is included except lunches.

**Q. MY CHILD HAS NOT TAKEN KARATE, WILL THAT MATTER? NO!!** We have specifically designed our camp program to be fun regardless of your child's experience with martial arts training. Novices have a great time in this camp.

**Q. HOW DO I RESERVE MY SPOT?** In order to reserve your spaces you must do two things: 1) Fill out a student registration form 2) Pay the camp tuition in full or a \$50 non-refundable deposit (the deposit will be credited toward tuition).

**Q. WHAT IS THE SCHEDULE?** Partial Day Camp Hours 9:00AM -3:00PM. Full Day Camp 7:30 am to 5:30 pm.

**Q. WHAT DO CAMPERS NEED TO BRING WITH THEM?** In the morning, campers should arrive in their uniform. They may wear shorts and T-shirts under their uniform. Sandals or flip-flops are preferred. Bring sparring gear if you have it. Mat shoes or a pair of socks to wear on the mat. **EVERY ITEM BROUGHT TO CAMP (INCLUDING GAME DEVICES!) SHOULD BE PERMENANTLY LABELED WITH THE CAMPER'S NAME.** We are not responsible for lost or broken possessions.

**Q. FOOD & BEVERAGES?** Each camper is responsible for bringing lunch and two snacks. Please do not pack a lunch that has to be refrigerated or heated in a microwave. Please do not send anything in a glass container.

**Q. WHAT ARE THE DON'TS?** Campers may not bring the following items to camp; **NO WEAPONS**, guns, pets, rocks, knives or glass containers.

**Q. WHAT ABOUT KARATE UNIFORMS?** Campers who have a karate uniform should wear it, beginners that enroll in a session (two weeks) will be provided with a free uniform. Beginners doing only one week can buy a uniform for an additional \$20 (50% discount).

**Q. MEDICATION?** Any camper requiring medication to be administered during the day must have a Medication Administration Form completed by their parent or guardian. We will do our best to ensure that campers get their medication everyday and at their proper times. We request that when possible, campers receive their medication at 12:30 pm and 4:30 pm. Medicine must be in a daily dispenser labeled clearly with the camper's name.

Please call if you have additional questions.



**THE DOJO AMERICAN KARATE CENTERS – AT DUNWOODY**

Georgetown Shopping Center, 4478-B Chamblee-Dunwoody Rd.

Phone: (770) 451-9900

Dunwoodydojo@gmail.com

wwwDunwoodydojo.com

**DUNWOODY SUMMER CAMP ENROLLMENT FORM - Summer 2018**

Complete one form for each child - This information will be kept confidential.

**Camper Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_  
Street and number City Zip

**Parent/Guardian:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Works at:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**Works at:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Additional Emergency Contacts (other than parents/guardians)**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_



**The following people are authorized to pick up the camper(s) in addition to the mother and father listed above.**

1. \_\_\_\_\_ Relationship \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_

**Allergies (list all information necessary for us to care for your child):**

---

---

**Special Needs (list all information necessary for us to meet your child's needs):**

---

---

**Health Insurance Information for use in the event of a medical emergency:**

Primary Care Physician:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance or HMO information** (Please attach a copy of the front and back of your HMO card):

Provider name: \_\_\_\_\_ (ex. Prucare HMO)

Policy Holder's Name: \_\_\_\_\_ (the insured parent's name)

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Member services phone number: \_\_\_\_\_

**Medications Required Yes or No (please circle):**

Please provide detailed instructions for administering medications on the form we will provide. Medications should be provided in labeled and pre-measured dispensers.



**THE DOJO AMERICAN KARATE CENTERS – AT DUNWOODY**

Georgetown Shopping Center, 4478-B Chamblee-Dunwoody Rd.

Phone: (770) 451-9900

**Dunwoodydojo@gmail.com**

**www.Dunwoodydojo.com**

**2018 Camp Tuition Calculation**

**Please circle desired sessions: session 1 session 2 session 3 session 4 session 5**

**Fee Calculation: Name of Camper:** \_\_\_\_\_

	Weekly Tuition Partial Day	Weekly Tuition Full Day	Number of weeks	Total tuition	Less Deposit	Balance due
Camper #1	175	199	X	=	-	=
Camper #2	165	189	X	=	-	=
Camper #3	165	189	X	=	-	=
					Balance due	=

**Payment method:**

(Circle) Visa / Master Card # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

(Circle) AMEX/Discover# \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Billing Zip Code# \_\_\_\_\_ Billing Address# \_\_\_\_\_ CIV# \_\_\_\_\_

Amount \$ \_\_\_\_\_ Exp.Date: \_\_\_\_\_ Signature \_\_\_\_\_

(Authorization to charge to credit card)

A \$10 fee will be charged each day that a camper is picked up later than the end of the camp period.



## THE DOJO AMERICAN KARATE CENTERS – AT DUNWOODY

Georgetown Shopping Center, 4478-B Chamblee-Dunwoody Rd.

Phone: (770) 451-9900

DunwoodyDojo@gmail.com

www.DunwoodyDojo.com

### **Summer Camp Liability Release Form**

Campers' names: \_\_\_\_\_

I certify that, in advance of participation in the program identified herein, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. In consideration for Global Heritage Educational Enterprise. (d/b/a The Dojo American Karate Centers and referred to herein as "THE DOJO") allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such activity or program. I further agree to indemnify and hold harmless, THE DOJO, its successors, assigns, agents, employees or volunteers from & against all liability, claims, damage or expenses which my child/ward have or may have arising out of or related to his/her participation in this program, including death, personal injury or property damage or loss of any kind, whether caused by the act of omission of THE DOJO, myself, my child/ward, or others.

I also hereby authorize THE DOJO or its authorized designee in charge of the activity described herein to secure emergency medical treatment necessary to treat any bodily injury, condition or affliction to my child/ward including but not limited to first aid, CPR, admission to any hospital, test, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in Georgia. I understand that reasonable attempts will be made to contact me prior to securing such treatment for my child/ward; nevertheless, this authorization shall give THE DOJO or its authorized designee permission to secure such treatment should such attempts at contact fail. I further acknowledge that any medical treatment ordered under these conditions will be my financial responsibility & not that of THE DOJO or any of its agents, volunteers or employees.

I also give permission for use of any photos or videos taken of my child/ward during this camp for THE DOJO promotional purposes only, and without compensation.

Signature of Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_