



Seattle Shaolin Kung Fu Academy 西雅图少林功夫学院

13241 NE 20th St, Bellevue, WA 98005 (425) 241-9286 Email: info@seattleshaolinkungfu.com

SUMMER CAMP REGISTRATION FORM

Student 1 Name: _____ Date of Birth: _____ Entering grade: _____

Student 2 Name: _____ Date of Birth: _____ Entering grade: _____

Student 3 Name: _____ Date of Birth: _____ Entering grade: _____

Address: _____

Home Phone: _____ Email: _____

Parent/Guardian's Name: _____ Work Phone: _____ Cell: _____

Parent/Guardian's Name: _____ Work Phone: _____ Cell: _____

EMERGENCY CONTACT

If guardians cannot be reached, whom can we call?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

AUTHORIZED ALTERNATE PICK-UP PEOPLE

List all persons, **excluding** guardian(s), authorized to pick up your child(ren):

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Please indicate the participating week(s) and camp(s) by entering an "X" or "Circle" or specify "Optional Activity" name (*)

Week #	Dates	Kung Fu Only	Kung Fu + Education/Table Tennis/Arts		Ext. Hours	
		FULL / HALF DAY	AM	PM	AM (8-9)	PM (4-6)
1	6/18/18 – 6/22/18	FULL / AM / PM/				
2	6/25/18 – 6/29/18	FULL / AM / PM/				
3	7/02/18 – 7/06/18	FULL / AM / PM/				
4	7/09/18 – 7/13/18	FULL / AM / PM/				
5	7/16/18 – 7/20/18	FULL / AM / PM/				
6	7/23/18 – 7/27/18	FULL / AM / PM/				
7	7/30/18 – 8/03/18	FULL / AM / PM/				
8	8/06/18 – 8/10/18	FULL / AM / PM/				
9	8/13/18 – 8/17/18	FULL / AM / PM/				
10	8/20/18 – 8/24/18	FULL / AM / PM/				
11	8/27/18 – 8/31/18	FULL / AM / PM/				

* Optional Activities: EDU (Education), TT (Table Tennis), ART (Arts)

Total Amount Paid: _____ Check # _____ Date: _____



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PLEASE TURN OVER, READ CAREFULLY, AND SIGN

If a child is picked up after the time his/her program is scheduled to end, **the late pick-up fee is \$1 per minute (\$10 minimum)**. This payment must be made at the time of pick-up.

I/We understand and accept that there is no credit for absences. No make-up classes are given for absences.

CONSENT FOR EMERGENCY TREATMENT:

As the parent or legal guardian, I/We hereby give consent to Seattle Shaolin Kungfu Academy that my/our child(ren), _____, to be transported by an aid car, ambulance, or staff car to the nearest medical treatment center or hospital if necessary.

In the event that I/we cannot be contacted, I/we further consent to the medical, dental, surgical, hospital care, treatment, and procedures to be performed for my/our child by a licensed physician (M.D.), dentist (D.D.S.), or hospital when deemed immediately necessary or advisable by the physician to safeguard the life, limb, or well-being of my/our child.

It is understood that a conscientious effort will be made to notify me/us or other persons listed on this form before such action is taken.

The expense of this service will be accepted by me/us.

Child's Physician: _____

Telephone: _____

Address: _____

City: _____

Preferred Hospital: _____

Telephone: _____

Address: _____

City: _____

Child's medical history/cautions, medical/special needs/reactions (medications, allergies, drugs, physical or mental disability, behavior disorders, attention disorders, others): (Please attach sheet if needed)

INSURANCE: _____ Policy #: _____

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in the Summer Program.

WAIVER OF LIABILITY: To my/our knowledge my/our son/daughter is physically healthy and able to participate in the class for which he/she is registered. I/we, the parents/guardians of _____ assume any and all risks and hazards of the conduct of the program and release from responsibility and liability any person(s) transporting him/her to and from activities. In case of injury, I/we do hereby waive all claims against the organization, or any supervisor or employee connected with the program. I/we further release Seattle Shaolin Kungfu Academy and any/all staff personnel of the center from responsibility or liability as regards to injuries suffered by the above mentioned person in connection with his/her participation in said program.

REFUND POLICIES:

Deposit (minus a \$50 service charge) is refundable if canceled before _____

No refunds or cancelations after _____.

I have read and understood all the above.

Signature of Parent or Guardian _____

Date: _____

Signature of Parent or Guardian _____

Date: _____