## SUMMERCAMP REGISTRATION FORM

		CAN	<b>MPER</b>	INFO	DRMATIO	N		
CAMPER NAME # 1:	FIRST	LAS	Т	D.O.B	MM / DD / YY	yyy Age	e :	M / F
CAMPER NAME # 2:	FIRST	LAS	Т	D.O.B	MM / DD / YY	yyy Age	e :	M / F
CAMPER NAME # 3:	FIRST	LAS	Т	D.O.B	MM / DD / YY	yyy Age	e:	M / F
Street Address :					Postal Code :			
Does your child require a Booster seat?		☐ YES	□ NO					
Does your child have Special Needs?		☐ YES	□ NO _					
Does your child have Allergies?		☐ YES	□ NO_					
Does your child have Medic	cal Conditions?	☐ YES	□ NO _					
	P	ARENT	/GUA	RDIAI	N INFORM	ATION		
First name	Last	name					Relation	
Email					Mob	ile		
					(	)	-	
Emergency Contact					Mob	ile		
Full Name					(	)	-	
		$C \wedge V \wedge$	D ODT		S & DETA	II C		
PLESE SELECT WHICH	1 CAMPS VOLL					ILJ		
						40\ /\	VEEN W. A. (11.11	V 24 U U V 25 \ / V V
WEEK # 1 (JUNE 30 ~ # 5 (JULY 28 ~ AUG :								
#9 (AUG 25 ~ AUG 29		`			,	, ,	`	•
EACH WEEK: \$350-	⊦HST □WE	EK2 🗖	VEEK3 I	□WEEk	√4 □WEEK5	□WEEK7	′ □WEEK8	□WEEK9
HOLIDAY WEEK :\$2	280 + HST □	WEEK1 [	JWEEK6	<u> </u>				
□EXTENDED CARE	(6PM) \$10/E	DAY						
☐ EARLY BIRD SIGI	N UP(10% OF	F) Befo	re Marc	h 31 <sup>st</sup>	□SIBLING DI	SCOUNT	EXTRA (10%	OFF ONLY 2 <sup>ND</sup> and

### **TERMS AND CONDITIONS**

### **REFUNDS & TRANSFER & CANCELLATIONS**

# PLEASE NOTE THAT ALL CANCELLATIONS AND CHANGES ARE SUBJECT TO THE POLICIES BELOW, WITHOUT EXCEPTION. REFUND POLICY

- All cancellations must be made e-mail to info@auroratkd.com or letter to the Aurora Taekwondo Office.
- Refunds, \$25.00 administrative charge per child/per week, will be issued for all camp session cancellations up to 2 weeks prior to the first day of a camp session.
- Refunds, if you cancel the camps 1 week prior to the first day of camp session, 50% of camp fees will be issued.
- Refunds for medical reasons are available only upon presentation of a doctor's certificate to Aurora Taekwondo Office
- . Pro-rated refunds are NOT available for days absent, or other services not fully utilized. The full camp's fees are due and payable if a child is registered and attends any part of a session.

### **TRANSFER POLICY**

- All transfer requests must e-mail to info@auroratkd.com or letter to the Aurora Taekwondo Office.
- All transfers will be subject to a mandatory \$25.00 administrative charge for each transfer for each child.
- Requests for transfers will be accepted up to 2 weeks prior to the first day of a camp session, provided there is sufficient room in the preferred camp session.

### **CONDITIONS OF ENROLLMEN**

Aurora Taekwondo reserves the right to terminate the stay of any camper when it is understood to be in the best interest of either the child or the camp. I hereby release Aurora Taekwondo from all claims for damages arising from any accidents or injury which are caused during normal play from participation of the camper named herein during any program, in any facility, or at any location where a program is being held. I hereby give permission for said camper to participate in all camp activities and trips (fully supervised) both on and off camp property. I hereby give camp directors full authority to act on my behalf in case of an emergency. I have read and I understand the above conditions of enrollment and hereby agree to all terms and conditions in this application.

Signature of Parent/Guardian DATE / /20								
I/We certify that I/We have read both sides and understand the terms of this agreement and agree to abide by such terms and acknowledge receipt of a true copy of this agreement. I/We acknowledge and understand that this agreement is not based on usage and that I/We are bound to the terms.								

### -OFFICE USE ONLY-

SUBTOTAL	TAX	PAYMENT TOTAL	METHOD OF PAYMENT