

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.

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.

Signature of Parent/Guardian _____ DATE _____ / _____ /20 _____

-OFFICE USE ONLY-

SUBTOTAL	TAX	PAYMENT TOTAL	METHOD OF PAYMENT