



2017 Tigereye Summer Camp

New Current Sibling

PERSONAL INFORMATION

Child name: _____ Gender: _____

Birth date: _____ Age: _____ School: _____

Address: _____ Email address: _____

Father's name: _____ Cell phone: _____

Mother's name: _____ Cell phone: _____

MEDICAL INFORMATION

Is your child allergic to any medication? Yes No if so, what? _____

Is your child currently taking medication? Yes No if so, what? _____

Note any medical problems: _____

Emergency contact person: Father Mother _____

INSURANCE INFORMATION

Medical Insurance: _____ Policy no.: _____

Family doctor: _____ DR. phone: _____

Please check the weeks you wish your child(ren) to attend.

- WEEK 1** Theme: Safety.....June 26th **WEEK 5** Theme: Coordination July 31st
- WEEK 2** Theme: Respect..... July 10th **WEEK 6** Theme: Cooperation Aug 7th
- WEEK 3** Theme: Focus & Concentration..... July 17th **WEEK 7** Theme: Confidence Aug 14th
- WEEK 4** Theme: Self Control July 24th **WEEK 8** Theme: Goal setting Aug 21st

FEE: Registration fee, first and last week must be paid in full to reserve space.

Registration fee: \$35 Feb/March: \$215/week April/May: \$225/week June-Aug: \$245/week
 Sibling discount: \$20 off Early drop off (7:30 am): \$15 week Late pick up (6:30 pm): \$15/week

Registering for _____ week(s) x _____ Total cost: _____

registration fee + (Weekly cost - family discount) + Early drop off + late pick up

Amount paid: _____ Unpaid balance: _____ Payment _____ starts on ____ / ____ / 2017

By filling out my card information below, I authorize Tigereye TKD to withdrawn the unpaid balance automatically from my card one week prior to the scheduled camp. Also, I understand the policy of the 1 week advance written notice, 35% penalty of remaining balance, and the adjusting saving fee and the non refundable registration fee.

Debit card no. _____ Expiration date ____ / ____ Name _____

I, the undersigned, upon being permitted to join the Tigereye Summer Camp will obey the rules, and will endeavor to conduct myself in manner of a student of TaeKwonDo in my daily life and in class, and will never do anything to bring disgrace upon the art. I give my permission for my child to attend Tigereye field trips. This registration form will also serve as permission for Tigereye TaeKwonDo to provide my child with any and all emergency medical attention needed if the situation should arise. We at Tigereye TaeKwonDo make every effort to provide a safe environment for all camp participants including your child, but occasionally accident do happen. If your child does become injured Tigereye TaeKwonDo has your permission to have your child transported and treated by nearest hospital or physician. I agree to waive any and all claims against any person or persons connected with Tigereye TaeKwonDo. I am capable of fully understanding, and have answered everything truthfully. I hereby swear that I will faith fully fulfill my duty.

Parent signature: _____ Date ____ / ____ / _____