

"HEALTH FORMS REQUIRED"

Covers Spring
Break for
Amity & New
Haven Public
Schools!!

Taekwondo SPRING CAMP 2020

Monday April 13th ~ Friday April 17th

All Campers MUST
have a Current
Medical Form on file

(9 AM – 3 PM) Half Day/Full Day for 5 Day packages; Single Full Day offers; *Early drop off & late pick up options!

**HAVE
FUN!!**



**MAKE
FRIENDS!**



Great for beginners to gain more skills and confidence; Great for test and tournament preparation; Great exercise and fun for all!



Games –Taekwondo obstacle course, army dodge ball, team dodge ball, obstacle dodge ball, sniper dodge ball, team games, and many more! Great for Agility Training!



Learn weapons techniques and Taekwondo "Tricking" / aerial skills.

Health Form: _____
 Medical Alert: Yes or No
 Indiv. Plan of Care: Yes or No
 Med. Authorization: Yes or No
Name: _____

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Name: _____



152 Amity Rd (Stop & Shop Plaza)
 New Haven, CT 06515 Phone: 203-387-9777
 www.wctwoodbridge.com

(APPLICATION)

World Champion Taekwondo Spring Camp 2020

Student's Full Name: _____ M/F Age: _____ DOB: ___/___/___

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Student's Full Name: _____ M/F Age: _____ DOB: ___/___/___

Address: _____ Town: _____ Zip: _____

Home #: () _____ - _____ Email: _____

Mother's Full Name: _____ Work #: () _____ - _____ Cell #: () _____ - _____

Father's Full Name: _____ Work #: () _____ - _____ Cell #: () _____ - _____

In case of emergency, call: _____ #: () _____ - _____ or _____ # () _____ - _____

*****Registration Fee of \$50.00 for Non Member Applicants*****

(Good for 1 year & will be applied to Membership Registration requirement if you join within the year)

***Member Siblings are exempt from camp registration fee**

Attending Options	April 13 th – April 17 th (5 Days) Full Week		Single Day Rate
	9:00 – 12:30pm <u>Half day Week</u>	9:00 – 3:00pm <u>Full day Week</u>	9:00 – 3:00pm <u>Full day</u>
	\$189.00	\$259.00	\$65.00
Lunch Option: Circle days (M. T. W. Th. F.)			
\$5.00 p/d (2 slices of pizza & 1 drink) _____ Days _____ Child(ren) = \$ _____ Total			
(\$10 p/h extended care) ** Earliest drop off 8am/Late pick up 4pm**			
Extended am care (M. T. W. Th. F.) ~~~~~Extended pm care (M. T. W. Th. F.)			
# _____ Ext.AM's + # _____ Ext.PM's = _____ x _____ Child(ren) = \$ _____ Total Extended Care Fee			
Payment Work Sheet Area:			
Parents should pack snacks, drink & refillable water bottle			Grand Total:\$ _____

For and in consideration of Taekwondo registration with World Champion Taekwondo, I, as the Taekwondo student's parent and/or legal guardian, hereby release forever discharge covenant not to sue and agree to indemnify and hold World Champion Taekwondo, its owners and employees, from any and all liabilities, claims, demands or causes of action that I may hereinafter have for injuries or damages arising out of participation in activities at World Champion Taekwondo or events which it may sponsor or be affiliated with or activities incidental thereto. This release includes but is not limited to injuries, damages or losses caused by the passive or active negligence of the released parties or hidden, latent or obvious defects with the equipment sold or used.

I acknowledge and understand the potential risk of injury and dangers inherent in the sport of Taekwondo and other activities sponsored by Taekwondo, and I acknowledge the assumption of those risks.

 Parent's Signature

 Date

*******Please make check payable to: KIM (Kim's International Martial-Arts)*******