



9537 Braddock Rd.
 Fairfax, VA 22032
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2020 Summer Camp Enrollment Form

Student Name _____ Age _____

Date _____ Fee _____ Per Week _____

Address _____ Apt.# _____
Street City Zip

Phone:
 Home _____ Work _____

Cell _____ Other _____

Email _____

Emergency Contact:
 Name _____ Phone _____

Policy # _____ Parent Contact _____

Weeks Reserved

(If your child will not be attending the full week, indicate which days they will be here for that week)

- | | |
|---|---|
| <input type="checkbox"/> SPRING BREAK:
<i>APRIL 6TH – 10TH</i>
<input type="checkbox"/> JUNE 15 TH – 19 TH
<input type="checkbox"/> JUNE 22 ND – 26 TH
<input type="checkbox"/> JULY 6 TH – 10 TH
<input type="checkbox"/> JULY 13 TH – 17 TH | <input type="checkbox"/> JULY 20 TH – 24 TH
<input type="checkbox"/> JULY 27 TH – 31 ST
<input type="checkbox"/> AUG 3 RD – 7 TH
<input type="checkbox"/> AUG 10 TH – 14 TH
<input type="checkbox"/> AUG 17 TH – 21 ST
NO CAMP JUNE 29TH – JULY 3RD |
|---|---|

I certify that the student named above is in adequate physical health to participate in our karate program and the field trip activities scheduled.

 Parent's Signature

 Date

This should also serve as permission to have your child transported and to receive any and all emergency health care attention needed. As you are aware. Very young children are prone to mishaps. Although we will make every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your permission to transport and have your child treated by a professional care giver/physician, etc. This also serves as specific permission to transport your child to and from all offsite activities. World Karate reserves the right to remove any child from the program. This is for the safety and well-being of all students and staff.

 Parent's Signature

 Date