



5587 Guinea Rd
 Fairfax, VA 22032
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2025 Summer Camp Enrollment Form

Student Name _____ D.O.B _____

Address _____ Apt. # _____
Street City St Zip

Parent/Guardian's Name _____

Phone Numbers: Home _____ Cell _____ Work _____

Email _____ Child's T-Shirt Size _____

Emergency Contact: Name _____ Phone # _____

Insurance Name _____ Policy Number _____

Weeks Reserved

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

◇ SPRING BREAK April 14 th –18 th	◇ July 14 th –18 th
◇ June 16 th –20 th ***Closed THURSDAY	◇ July 21 st –25 th
◇ June 23 rd –27 th	◇ July 28 th –August 1 st
◇ June 30 th –July 3 rd ***Closed FRIDAY	◇ August 4 th –August 8 th
◇ July 7 th –July 11 th	***NO CAMP THE WEEK BEFORE SCHOOL***

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 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. You are financially responsible for all weeks you select. _____ (Initial)

 PARENT SIGNATURE

 DATE

Office use Only: **Registration Fee** _____ **Fee Per Week** _____ **Total Weeks** _____