



TAE RYONG PARK ACADEMY

Summer Camp - 2020

___ S ___ R

Student's Name _____ Age: _____ Martial Arts Experience: Yes No
 (first) (last)

Address: _____ City: _____ Prov: _____ Postal Code: _____

Parent / Emergency Contact Information:

1. Name: _____ Daytime contact # _____ Email: _____

2. Name: _____ Daytime contact # _____ Email: _____

\$250.00 / Week PLUS Save Extra With Multiple Week Packages

- ◆ **GOLD Package:** 15% Off per week if you sign up for 7 or more weeks
- ◆ **SILVER Package:** 10% Off per week if you sign up for 5 or 6 weeks
- ◆ **BRONZE Package:** 5% OFF per week if you sign up for 3 or 4 weeks

A non refundable deposit of \$100 per week is required to secure your spot. *Please submit all payments in cash or cheque. Remaining balance for the week must be post dated no later than two weeks prior to camp date.**

___ **July 2 (\$55.00)** ___ **July 3 (\$55.00)** ___ **Week 1 (July 6 -10)** ___ **Week 2 (July 13 - 17)** ___ **Week 3 (July 20 - 24)**

___ **Week 4 (July 27- 31)** ___ **Week 5 (Aug. 4-7) \$200.00** ___ **Week 6 (Aug. 10 -14)**

___ **Week 7 (Aug. 17 - 21)** ___ **Week 8 (Aug. 24 - 28)** ___ **Week 9 (Aug. 31 - Sept. 4)**

***July 2 & 3 do not apply towards multiple week package discounts**

Subtotal: \$ _____ - _____ % Discount: \$ _____ + 5% G.S.T. = **TOTAL \$** _____

Deposit: \$ _____ (___/___/___) **Final Payment:** = \$ _____ (___/___/___)

BALANCE: \$ _____

NOTES: _____

CANCELLATION POLICY: Participant withdrawal from camp more than 14 (fourteen) days prior to the camp start date, a full refund less a \$100 administration fee (per week) will apply. No refunds will be given for any cancellations within 14 (fourteen) days prior to camp start date.

CHANGE POLICY: Any change of week requests will be considered based on availability and will be subject of a \$25 administration fee. In cases where requested changes are accepted the cancellation policy will apply to the earlier date.

UNIFORM POLICY: Loaner uniforms will be provided to camp participants with a \$50.00 fully refundable deposit. Refer to uniform policy for more details.

TERMS & CONDITIONS: I enter into this Agreement with Tae Ryong Park Academy (hereinafter referred to as the "Academy"), and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the Academy by virtue of my membership, as follows:

WAIVER AND RELEASE: I and my child(ren) fully recognize the risks of injury inherent in participating in any fitness or martial arts program, and we represent to the Academy that we have taken all reasonable steps to determine, and hereby warrant, that we are in good health and physically capable of participating in the programs and courses of instruction offered by the Academy. We acknowledge that the Academy shall make no, and shall have no responsibility to make any independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the Academy's facilities or equipment on or off the premises of the Academy shall be at our own risk. We hereby release, indemnify, and hold harmless the Academy and its officers, directors, employees and agents, from and against any and all claims, demands, damages, costs and liabilities of any kind or nature to myself or my child(ren), or of any person or persons who become entitled to use the facilities of the Academy by virtue of our membership. We understand and agree that the Academy shall not be responsible for the conduct of other users of the Academy or its facilities or equipment, or participants in the Academy's off-premises programs, or for any injury or damage to property resulting from such conduct, and we shall not bring any action or proceeding against the Academy for any payment compensation or claim for any injury caused by any such user.

Parent/Guardian's Signature: _____ **Date:** _____ / _____ / _____
 Month / Day / Year

Office use only: Uniform Deposit: \$ _____ cq ca Date: _____ month _____ day _____ Instructor: _____

Pants - # _____ Top - # _____ Belt - # _____ Reimbursement Date: _____ month _____ day _____ Instructor: _____