

2026 Fun Camp

Camp Hours (7:30am – 6:00pm)

Student Name: _____ DOB: _____ Age: _____

Student Name: _____ DOB: _____ Age: _____

Student Name: _____ DOB: _____ Age: _____

Parent Name: _____

Email Address: _____

Phone Number: _____

Emergency Contact Name and Phone Number: _____

Please have your child wear their Kwon's T-shirts or Kwon's hoodies so we can easily recognize them on the field trips.

Medical Information

Any Special needs (medications, allergies, behavioral issue, etc.?)

(In the event of an emergency, our staff will either call 911 and / or take your child to the nearest emergency center).

Health Condition (List any): _____

INSURANCE WAIVER AND RELEASE OF LIABILITY

I hereby authorize the staff of Kwon's Taekwondo to act for me per their best judgment in any emergency requiring medical attention and I hereby waive and release Kwon's and the staffs from any and all liability for any injuries or illness incurred while at Camp. I agree to accept the financial responsibilities for any cost thus incurred in the treatment of any illness, accident or injury of the above-named minor. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, the condition of the premises or any equipment used. Further, I acknowledge and fully understand that there may be other risks not known to me or not reasonably foreseeable at this time.

In consideration of Kwon's furnishing transportation services to my child in conjunction with Kwon's activities, I, on behalf of my child, and our respective representatives and heirs, authorize Kwon's to and request that Kwon's provide transportation services to my child in conjunction with Kwon's camp activities, and hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify Kwon's and its owners, agents, officers, and employees from and against any and all claims actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise as a result of the providing transportation services to my child in conjunction with Kwon's camp activities including without limitation transportation to, from or during any camp activity. I specifically understand that I am releasing, discharging, and waiving any claim or actions that I may have presently or in the future for the acts or other conduct by the owners, agents, officers, or employees of Kwon's. **I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXONERATE AND RELIEVE KWON'S FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER ACT OR OMISSION.**

This is a field trip-based camp, by signing this waiver you understand you are giving your permission for your child to attend the daily field on the dates you sign up for.

Signature: _____ Date: _____

Cancellation and Refund Policy: There are NO Cancellations or Refunds.

Cost of camp is \$75 (\$5 discount for CASH/10% discount for each additional sibling camper!)

<input type="checkbox"/> Monday, February 16th	<input type="checkbox"/> Friday, March 20th	<input type="checkbox"/> Friday, March 27th
<input type="checkbox"/> Monday, March 30th	<input type="checkbox"/> Tuesday, March 31st	<input type="checkbox"/> Wednesday, April 1st
<input type="checkbox"/> Thursday, April 2nd	<input type="checkbox"/> Friday, April 3rd	<input type="checkbox"/> Monday, April 6th

Paid: Cash / Credit / On File / Check _____ Total Amount Enclosed: \$ _____

554D Ritchie Hwy Severna Park, MD 21146 Tel. 410-421-5255