



Kwon's Taekwondo 2023 Summer Fun Camp

Camp Hours (8:00 am - 5:30 pm)

General Information

Camper Last Name:		Camper First Name:	
Circle One: M or F	Birth Date: ____/____/____		Age at Camp:
Address:		City:	State Zip

All individuals including parents or legal guardians picking up a child must be listed on the form below. Campers will not be released to anyone regardless of relationship or legal status unless they can be verified by our staff. Anyone picking up a child may need to present a current form of a PHOTO ID EVERY TIME. **In the event of an emergency, we will call those listed below in order, to pass on any pertinent information to you.**

Parent or Guardian Info			
Last Name:		First Name:	Relationship to Camper:
Address: (if same as camper, write same)		City:	State Zip
Cell Phone:		Work Phone:	Email:

Parent or Guardian Info			
Last Name:		First Name:	Relationship to Camper:
Address: (if same as camper, write same)		City:	State Zip
Cell Phone:		Work Phone:	Email:

The above parent/guardian's listed are authorized to pick up. If you would like to add anyone else to be authorized to pick up, please list the first and last name and phone number and understand anyone on the pick-up list will also be an emergency contact if we cannot get a hold of either parent .

1.	4.
2.	5.
3.	6.

Kwon's Cancellation Policy

It is Kwon's Policy to refund for Summer Camp. Kwon's will refund 100% before May 1st (No refund for the registration fee). Kwon's will refund 50% after May 1st. **No refunds and No credit will be given after June 1st.** _____ Initial

MEDICATION INFORMATION

Check the applicable statement below:

- My camper WILL NOT bring/take medication while attending camp.
- My camper WILL bring/take medication while attending camp.*

***If your child will need medication while at Kwon's Taekwondo, please complete the Medication Administration form. You will need a doctor to sign off on the form.**



Kwon's Taekwondo 2023 Summer Fun Camp

CAMPER HEALTH HISTORY

Camper Name:	Name of Camper's Physician and Phone #:
--------------	---

GENERAL HEALTH HISTORY

Please check "YES" or "NO" for each statement.		YES	NO	Please check "YES" or "NO" for each statement.		YES	NO	
1	Have any recent injury, illness, or infectious disease?			5	Ever passed out, been dizzy or had chest pain during or after exercise?			
2	Have any skin problems (e.g. itching, rash, acne)?			6	Ever had seizures?			
3	Have asthma, wheezing, shortness of breath?			7	Have frequent headaches?			
4	Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, adoption, foster care, new sibling, etc.)							

Explain "yes" answers in the space below. If necessary, attach additional pages:

ALLERGY INFORMATION

Please check one box below: No known allergies Has allergies (please describe below)

What is the camper allergic to?	What is the typical reaction?	What treatment is needed?

Please attach additional information/pages if necessary.

IMMUNIZATION INFORMATION

For campers who reside within the United States, a United States territory, or the District of Columbia:	 OR	For campers who reside outside the United States, a United States territory, or the District of Columbia:
1. State/territory in which camper resides:		1. Country in which camper resides:
2. Is this camper exempt from any immunizations? If YES, List them:		Attach Department Form DHMH-896

I certify that my child has received and is up to date on all immunizations required for school attendance in the state where s/he live/attends. If my child has not received required immunizations, I certify the appropriate exemptions or exceptions have been recorded with my child's school. I understand and accept the risks of my child not being fully immunized per state requirements. I certify that this health history is correct and accurately reflects the health status of the camper to whom it pertains.

I hereby understand that the Medication Administration Authorization portion MUST be signed by the prescribing physician. I further understand that NO prescription and/or non-prescription medication will be administered unless the Medication Administration Authorization form is signed by the prescribing physician and medication is correctly packaged/labelled.

Parent/Guardian Signature:	Date:
----------------------------	-------



Kwon's Taekwondo 2023 Summer Fun Camp

Maryland State Department of Education
Office of Child Care

Medication Administration Authorization Form

This form must be completed fully in order for Child Care Providers/staff to administer the required medication. **This authorization is NOT TO EXCEED 1 YEAR. This form is required for both prescription and non-prescription/over-the-counter (OTC) medications. Prescription medication must be in a container labeled by the pharmacist or prescriber. Non-prescription/OTC medication must be in the original container with the label intact per COMAR.**

PRESCRIBER'S AUTHORIZATION

Child's Name: _____ Date of Birth: ____/____/____

Medication and Strength	Dosage	Route/Method	Time & Frequency	Reason for Medication

Medications shall be administered from: ____/____/____ to ____/____/____

If PRN, for what symptoms, how often and how long _____

Possible side effects and special instructions: _____

Known Food or Drug Allergies: Yes No If yes, please explain: _____

For School Age children only: The child may self-carry this medication: Yes No

The child may self-administer this medication: Yes No

PRESCRIBER'S NAME/TITLE	Place Stamp Here (Optional)
TELEPHONE	
ADDRESS	

PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) DATE (mm/dd/yyyy)

PARENT/GUARDIAN AUTHORIZATION

I authorize the child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I attest that I have administered at least one dose of the medication to my child without adverse effects. I certify that I have the legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication. School Age Child Only: OK to Self-Carry/Self-Administer Yes No

PARENT/GUARDIAN SIGNATURE	DATE (mm/dd/yyyy)	INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION
CELL PHONE #	HOME PHONE #	WORK PHONE #

CHILD CARE STAFF USE ONLY

Child Care Responsibilities: 1. Medication named above was received. Expiration date _____ Yes No

2. Medication labeled as required by COMAR. Yes No

3. OCC 1214 Emergency Form updated. Yes No N/A

4. OCC 1215 Health Inventory updated. Yes No N/A

5. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP. Yes No N/A

6. Staff approved to administer medication is available onsite, field trips Yes No

Reviewed by (printed name and signature):

DATE (mm/dd/yyyy)



Kwon's Taekwondo 2023 Summer Fun Camp

Kwon's Code of Conduct

I have gone over with my child, and both my child and I have agreed to the following:

-Always listen to and show respect for all staff members at Kwon's. It is very important that all instructions are followed, especially on field trips. **Never wander off alone, stay in your group.**

-Always follow the "Golden Rule" at Fun Camp. **No physical or verbal abuse, and no teasing or unkind behavior will be tolerated.**

-In the Kwon's Vans, always put your seatbelt on, and NEVER remove it until the van has arrived at its destination and you have been instructed to exit the van. Never eat or drink in the vans, unless instructed to do so. Always remove any trash you may have on the van.

-Any electronic devices that are brought to Kwon's are done so at your own risk. Neither Kwon's Taekwondo nor the staff members will be held responsible, in any way, for the loss, breakage, or theft of any device. Furthermore, there will be no violent or inappropriate games, images, or songs. **YouTube is prohibited.**

-Show respect to all property, whether it's Kwon's, a fellow camper's or the property belonging to a place we visit.

-Students **must** wear their camp t-shirts for every field trip.

-Students will participate in Taekwondo class whenever there is class.

-On the first day of camp each camper will be reminded of the conduct rules. Any camper that breaks a conduct rule will receive a verbal warning. A second offense will result in the camper sitting out of the activity or play group. If a camper becomes unruly or a Camp Administrator feels the parent needs to be involved, they will be contacted right away. As an absolute last resort, if the behavior cannot be controlled, or the camper is a danger to other campers, the camper may be sent home with no refund of camp fees.

-Kwon's grants consent to **share images (Facebook) taken at a Summer Camp for fields trips or daily activities.** A parent signs the document with an understanding that the photographer may use the image(s) to share to Facebook only. The form will remain in effect during the child's enrollment at the Summer Camp or until the parent or guardian wishes to terminate the photographer's authorization to use the photo(s). No payment will be issued for the child's participation in this release.

Kwon's Sunscreen Policy

Please apply sunscreen to your child prior to the start of the outdoors camp day. Each child must bring sunscreen with their name written on it. **We will not apply sunscreen to your child if they do not have their own.**

Does your child need help applying sunscreen, and do you give Kwon's staff members permission to apply sunscreen to the exposed skin of your child only when another staff member is present? YES _____ NO _____

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____



Kwon's Taekwondo 2023 Summer Fun Camp

WAIVER / ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in Kwon's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that Kwon's and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, field trips and pool activities, water park equipment, hiking, and challenge courses, or any other activities, classes, events, or programs at and/or sponsored by Kwon's. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events, activities, programs, or classes while at Kwon's and/or sponsored by Kwon's. I also acknowledge that Kwon's often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

TRANSPORTATION AND FIELD TRIP WAIVER AND RELEASE OF LIABILITY

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. I further understand that Kwon's is a Martial Arts/Field Trip based camp and fully grant permission for my child to attend any all-field trips unless specifically denied in writing via email or letter.

INDEMNIFICATION

I hereby represent and warrant to Kwon's that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against Kwon's arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend Kwon's from and against any and all liability, claims, losses, costs, expenses or damages resulting there, from, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of Kwon's or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Parent/Guardian of Participant(s) under the Age of 18:	Date:
Name(s) and Age(s) of Participant(s) under the age of 18:	



Kwon's Taekwondo 2023 Summer Fun Camp

Select Camp Week(s) Select Before Care (\$30/week) Select After Care (\$30/week)	Camp week (8:00am - 5:30pm)	Before Care (7:00am - 8:00am)	After Care (5:30pm - 6:30pm)	Paid	Extra Camp T-Shirt (\$20) - Please indicate the quantity.	
Week 1 (Jun 19-23)					Two shirts are suggested for multiple weeks of attendance. C/XS ___ QTY, C/S ___ QTY C/M ___ QTY, C/L ___ QTY A/S ___ QTY, A/M ___ QTY A/L ___ QTY, A/XL ___ QTY	
Week 2 (Jun 26-30)						
Week 3 (Jul 03-07)						
Week 4 (Jul 10-14)						
Week 5 (Jul 17-21)						
Week 6 (Jul 24-28)						
Week 7 (Jul 31-Aug 04)					Weekly Rate	
Week 8 (Aug 07-11)					5+ Weeks	1-4Weeks
Week 9 (Aug 14-18)					\$289	\$309
Week 10 (Aug 21-25)						

During the Summer Camp, I will drop off my child at _____ AM and pick up _____ PM.

Number of Weeks		Amount:
Before Care <small>(If you don't need the whole week, \$7 per day)</small>		Amount:
After Care <small>(If you don't need the whole week, \$7 per day)</small>		Amount:
Registration Fee (NO Refundable) : \$60 (includes a Camp T-Shirt)		Amount:
Extra T-Shirt \$20		Amount:
Uniform (Optional) \$60		Amount:
Total:		

Payment Options:

<input type="checkbox"/> Full Payment	1 st ___/___/___	\$ _____
<input type="checkbox"/> Payment in Thirds	2 nd ___/___/___	\$ _____
<input type="checkbox"/> Part time (\$70 / Day)	3 rd ___/___/___	\$ _____
**VALID PAYMENT OPTION WHEN REGISTERED FOR THREE OR MORE WEEKS ONLY.		

Cash payments receive a 10% discount.

Payment Information (5% service fee will be added to credit card/Debit cards users.)

Bank Draft (Attach Voided Check) Bank Name: _____

Routing No.(First 9 digits): _____ Account: _____

Card Holder Name	Credit Card #
Exp. Date	CVV

10% discount for each additional sibling camper! 10% for 2nd, 20% for 3rd etc....

*Submit payment: Pay in full at time of registration or if using installment payments pay 1/3 at registration, 1/3 by May 1st, and 1/3 by June 1st. The registration fee is \$60 per family. **(Payment is due in full or by three equal installments if you enroll for more than 3 weeks).**

Note: Registration date is kept strictly confidential. The spot is not secured if you only fill out the registration form. Only fully completed forms are accepted.