

“Kickin It” Summer Camp Program

Membership Agreement
American Kenpo Karate Studio
220 Business Center Drive
Reisterstown, Maryland 21136
(410) 833-6090

Student’s Name: _____

Section I

Terms and Conditions

I, as the Buyer, enter into this Agreement with American Kenpo Karate Studio (hereinafter referred to as “the Studio”), and do hereby agree, on behalf of myself, my children, and all persons who become entitled to use the facilities of the Studio by virtue of my membership as follows:

WAIVER AND RELEASE: I and my child(ren) fully recognize the risks of injury and/or illness inherent in participation in any fitness or martial arts program, and we represent to the Studio 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 Studio. We acknowledge that the Studio shall make no, and shall have no responsibility to make an independent evaluation of our physical health or fitness. We understand and agree that all participation in any such fitness program or use of the Studio’s facilities or equipment on or off the premises of the Studio shall be at our own risk. I authorize American Kenpo Karate Studio to transport my child to required fields trips.

I understand and agree that the Studio will not be held liable for injuries, damages, etc., not caused by or resulting from negligence of the owners, operators, employees or persons in charge of such establishment out of or in connection with our participation in any program or course of instruction either on or off the premises of the Studio. We understand and agree that the Studio shall not be responsible for the conduct of other users of the Studio or its facilities or equipment., or participants in the Studio’s off-premises programs, or for any injury or damage to property resulting from such conduct and we shall bring any action proceeding against the Studio for any payment compensation or claim for any injury or loss of property caused by any such user.

LOSS/DAMAGE/THEFT OF PROPERTY: We understand and agree that neither the Studio, nor its officers, directors, agents, instructors or employees shall be responsible for any personal property which is damaged, lost, or stolen in or around the Studio or its facilities, or any of the Studio’s off-premises events.

RULES AND REGULATIONS: I and my child(ren) agree to abide by the rules and regulations governing the conduct and operation of the facilities. We understand that the Studio has the right to alter or amend any and all rules and regulations, including those set forth in this Membership Agreement, and we agree to abide by all such amended rules and regulations. We acknowledge that we have been provided with a copy of all current rules and regulations.

We understand that our membership and the right to use the Studio’s facilities and programs may be suspended at any time, with or without cause.

PHOTOGRAPHS: We hereby authorize the Studio and its agents, successors and assigns to photograph and/or video tape me or my child(ren) and/or our voice without restriction and to utilize such photographs/videos and/or voice transcriptions for any commercial purpose, including but not limited to the promotion and marketing of the Studio, and we agree that we shall not be entitled to receive any compensation whatsoever of any kind as a result of such us.

Notice of Consumer's Rights

1. Our Studio registration number is E2942.
2. Our Studio is not required to carry a performance bond under regulations since we do not collect more than three months tuition in advance or an initiation fee over \$200.00.
3. You have the right to cancel this contract within three (3) business days after receipt of a copy of this contract. Cancellation must be in writing and delivered either in person or by certified or registered mail to the Studio. You are entitled to a full refund if cancellation is received within three (3) business days.
4. If you become disabled for at least three (3) months during the membership terms and that disability is confirmed in writing by a physician, you have the right to an extension and/or termination of the contract.
5. If the Studio is closed for a month or more, you are entitled to your choice of either an extension of the contract or prorated refund, except if the closing is not the fault of the facility, which case the choice remedy is the Studio's.
6. This Notice of Consumer's Rights is an integral part of the Application and Contract for Membership. _____
(initials)

I UNDERSTAND MY RIGHTS AS STATED ABOVE

Parent's Signature: _____ Date: _____

Email Address: _____

Parent and Child's Identification Record

Child's full name: _____ D.O.B _____
Child's preferred name: _____ Sex _____
Address _____ City _____ Zip _____

Mothers name _____ Phone _____
Home Address _____ Zip _____
Place of employment _____ Phone _____
Cell Phone _____ Email _____

Fathers name _____ Phone _____
Home Address _____ Zip _____
Place of employment _____ Phone _____
Cell Phone _____ Email _____

T-Shirt Size: 6-8 10-12 14-16 Adult S M L XL

Release for Emergency Care

I hereby give consent to any emergency facility and physician to administer necessary treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Family Physician's name/health care resources Phone

Allergies _____
Allergic to bee stings? Yes _____ No _____ Not sure _____ (check one)

Insurance Company covering child: _____
Policy Number _____ Group No. _____

Emergency Contact Persons

Name _____ Phone: _____
Name _____ Phone _____

Signature _____ Date _____

Camper Health History

Child's Name _____

The Following information is required for a camper to be admitted to day camp

CAMPER IMMUNIZATION INFORMATION

All campers must be current on immunizations, see [www.EDCP.org\(immunization\)](http://www.EDCP.org(immunization))

1. **Provide Date (month and year) of camper's last tetanus (or DTP) shot:** _____
2. Is camper currently enrolled in a Maryland school, public or private?
 YES, Provide name of Maryland School: _____
 NO, provide a copy of immunization confirming that the child has received all immunizations as required by the Maryland DHMH Recommended Childhood immunization schedule. See www.EDCP.org for information.
3. Is the camper exempt from any immunization on medical or religious grounds?
 YES, provide a signed copy of Maryland Department of health and Mental Hygiene immunization certificate from either a licensed physician indication that the immunization is medically contraindicated, or the parent or guardian indicating they object to immunizations for religious reasons.
 NO

******* (THE DTP SHOT DATE MUST BE FILLED IN) *******

CONTACT INFORMATION:

Parent or Legal Guardian: _____ Phone: _____

Emergency Contact Person: _____ Phone: _____

Camper's Physician _____ Phone: _____

HEALTH INFORMATION: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive:

Parent or legal Guardians Signature: _____ Date: _____

Student Name _____

TAKE ADVANTAGE OF LAST YEARS PRICES FOR A LIMITED TIME:

Camp Fee: \$185.00 per week 10% discount for siblings

Registration fees: (Registration fee is to pay for all the exciting field trips)

2 weeks \$30, 3-4 weeks \$60, 5-6 weeks \$90, 7-8 weeks \$120, 9-10 weeks \$150 per child

Circle the dates below that your child will attend our summer camp program.

6/21-6/25 6/28-7/02 7/05-7/09 7/12-7/16 7/19-7/23

7/26-7/30 8/02-8/06 8/09-8/13 8/16-8/20 8/23-8/27

We prefer full camp payment up front, but will accept the payment options below.

Registration Fee	\$ _____ +
Weekly Fee	\$ _____ X _____ Weeks = Total \$ _____
Deposit	- \$ _____ =
Balance	\$ _____

We require the first two weeks and the registration fee as a deposit to reserve spots

If you chose the payment plan, payment is due each Monday. It will be automatically debited from your account every Monday. This is a consecutive payment plan on each Monday starting at the first day of camp till the balance is paid in full. To change any billing process we need 15 days notice in writing.

**** These spots are reserved for your child as we only take a limited number of campers each week and there will be no refunds. *****

Your account will be charged for the weeks you have registered. _____ initial

Buyer Information

I, the buyer, agree to have funds electronically deducted according to the above schedule from the following account.

I authorize American Kenpo Karate Studio to debit \$ _____ from my bank account each week on Monday until balance is paid. There is a \$25.00 fee for any returned payments.

PLEASE PROVIDED A VOIDED CHECK *(please complete all information in full and clearly, even if the camper is a returning summer camper)*

Bank Name _____

Routing # _____

Account # _____

Name on Account _____

Driver License Number _____

Social Security Number _____

Signature _____

Date _____

Worthington Valley Swim Club

WAIVER AND PERMISSION SLIP

I, _____, the parent or guardian of _____, hereby give my child permission to attend the Worthington Valley Swim Club (the "Swim Club") during the 2010 season, sponsored by American Kenpo Karate.

I have been given the rules of the Swim Club and agree that my child will abide by those rules at all times.

I release the Swim Club from liability of any type or description to me or to my child that arises out of my child's use of the Swim Club's facilities.

Signed by parent or guardian

Printed name of parent or guardian

Date

Worthington Valley Swim Club

Rules and Regulations for Group Rentals

In addition to the rules that apply to all persons utilizing our facilities, the following rules and regulations have been adopted for all group renters.

1. We do not allow loud music.
We will not host events (day or evening) that involve loud music, because our neighbors are very important to us. We never allow music that can be heard outside the borders of the club, and we reserve the right to control the volume settings.
2. We do not host parties that are “for profit”, splash parties, or have been promoted to the general public. The group leader of approved businesses, churches, community associations, etc. are required to know all of the people in attendance at our club. We will not host any event that is “for profit”, allows tickets to be purchased by the general public, distributes flyers or posters recruiting participants, advertises on the radio or in media, or is run or directed by promoters.
3. No glass containers of any kind can be brought to the swim club.
4. No drugs are allowed on the property.
Drugs are never allowed on the property. If we encounter a group that does not enforce this rule, the party will be immediately terminated and expelled from the club.
5. Each member of your group must wear a wristband at all times during your stay at the club. The wrist band is available at the entry gate, and will be provided after registering and signing the guest log and waiver form.
6. Children under 12 must be supervised by their parents/guardians at all times.

Historically, the Club’s lifeguards save an average of 10 guests for every one member they assist. All non-swimmers must be identified upon entry of the facility. We expect each group to assist us in supervising any non-swimmers and their use of the pool. Non-swimmers should never be on the diving board or in deep water.

7. We do not allow diving from the side of the pool.
The diving board is the only spot at the pool where diving is allowed.
8. Only children 5 and under are allowed in the baby pool.
Children must be supervised by a parent or guardian within the fence of the baby pool at all times.
9. The lounge chairs and tables with chairs around the pool deck are reserved for members of the pool.
Group rental attendees must keep their belongings at the groups designated area (i.e. picnic tables/tent).
10. Upon arrival to the facility, each member of the group should meet at the designated area in order for the club representative to go over certain rules and regulations.
11. Please distribute and communicate these rules and regulations with your group.
The Worthington Valley Swim Club reserves the right to modify or add rules as necessary for the safety of our members and guest.

KICKIN' KIDS SUMMER CAMP 2010
"GEAR LIST"

1. Spray sunscreen **ONLY PLEASE**, at least 30SPF. Student must apply sunscreen at home prior to coming to camp and it is to be reapplied throughout the day by the student when out in the sun.
2. Tennis shoes **MUST** be worn **EVERYDAY**.
3. Hat (with brim to block sun) or bandana is suggested.
4. Lunches with **COLD PACKS**, if needed.
5. On swimming days, bathing suit and towel. For non-swimmers, a swimming vest **MUST** be provided. **NO INFLATABLES!**
6. If you would like, spending money for field trips.
7. **EVERYTHING MUST BE LABELED WITH YOUR CHILD'S NAME.**

On field trip days, it is important that you realize camp starts at 9:00 a.m. and ends at 5:00 p.m. and we will be out all day. If your child is going to be late or needs to be picked up early, you must check with us to see if we can accommodate the situation.