

FLYING KICK FITNESS CENTER
4711 Chase Ave., Bethesda, MD 20814
301-951-0543
www.flyingkicktkd.com

Dear Parent,

Thank you for including choosing Flying Kick Fitness Center Spring Break Camp for your child'. We focus on providing an environment where everyone can have fun, enjoy themselves and grow in their experience in taekwondo. Flying Kick camp provides a unique family-oriented community of campers and staff. We teach our students to work together, older and younger helping each other learn and grow in our martial art. Our campers are known to our staff through their year-round taekwondo classes and years of returning attendance at camp. The safety and well-being of each child is always the first consideration.

For beginners, the camp offers a fun introduction to taekwondo, as well as a chance to meet new friends and enjoy old ones. It gives students a chance to learn about the martial art and help decide if they want to pursue it further. For continuing students, the camp provides an opportunity to advance in their skills and techniques and prepare for promotion. All levels have fun learning and playing together in a safe, supportive atmosphere.

Camp begins each morning at 8:30 am and ends at 3 pm. Please make sure to pick up your camper at this time, unless he or she is staying for aftercare. Aftercare is available from 3-5 at an extra fee of \$10/hour/child, payable in advance or at time of pick-up. Lunch is usually brought from home and should include a cold pack. Campers can also order lunch in from Peter's Carryout for a small fee.

Enclosed please find a registration packet. We do need all items filled out, signed, and returned to us, together with a ***non-refundable deposit of \$150 by March 1;*** ***the balance and all signed paperwork is due by the start of the first day...***

We look forward to spending spring break with your children! Please let us know if you have any questions or concerns.

Sincerely,

Flying Kick Staff

Flying Kick Fitness Center



SUMMER DAY CAMP 2012

A safe, enjoyable environment where the best can emerge!

ENROLLMENT CHECKLIST

To enroll your child in the Flying Kick Fitness Summer Day Camp, please complete and return the following forms/items:

_____ **Application Form**

_____ **Medical Release Form**

_____ **School Attendance Form**

_____ **Camper Immunization Record**
(Required only if camper does not attend a public or private school in Maryland)

_____ **Deposit - \$150***

***Payment in full is required for all campers by May 15, 2012**

SEND COMPLETED FORMS AND PAYMENT TO:

**Flying Kick Fitness Center
Re: SUMMER DAY CAMP
4711 Chase Avenue
Bethesda, MD 20814**

Flying Kick Fitness Center

SUMMER DAY CAMP 2012

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APPLICATION FOR ENROLLMENT, page 2 of 5

Camper Name _____.

Age: _____ **DOB** _____ **M/F:** _____ **Reg. Date:** _____

CAMP DATE (please circle your choices)

Weeks of: 6/11, 6/18, 6/25, 7/2**, 7/9, 7/16, 7/23, 7/30, 8/6,
8/13, 8/20,

Total Weeks Requested:

Parent/Guardian Name(s): _____
_____.

Email: _____ **Email:** _____.

Home Address: _____
_____.

Parent/Guardian 1 CELL: _____.

Parent/Guardian 2 CELL: _____.

EMERGENCY CONTACT: _____
(other than parents/guardians)

Camper's Tae Kwon Do Rank (belt level) _____.

Camper's swimming ability: _____.

We offer a safe, fun, productive way for your child to spend his/her summer. Our campers have a great time and many return year after year!

***(Includes July 4 holiday – camp closed)**

SUMMER DAY CAMP 2012

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PLEASE READ AND SIGN (page 3 of 5)

I would like to enroll my child _____ in the Flying Kick Fitness Center's day camp program at Flying Kick Fitness Center and/or at the Concord Hill School for the following weeks during the summer of 2011: **6/11, 6/18, 6/25, 7/2**, 7/9, 7/16, 7/23, 7/30, 8/6, 8/13, 8/20,**

I understand the camp fees must be paid in advance, by May 15, 2012

I understand that Tae Kwon Do and other related fitness activities may involve strenuous physical activity and I believe that my child is in adequate physical condition to safely engage in all such activities. I agree to inform instructors and supervisors of any inquiry or physical condition that might hamper my child's ability to engage in such activities safely. However, I recognize and acknowledge that even though I or my child has provided Flying Kick Fitness Center, Inc. with such information does not make such individuals or Flying Kick Fitness Center, Inc. or the Concord Hill School in any way responsible for the consequences of my child engaging or participating in such activities, or any other activities sponsored by Flying Kick Fitness Center, Inc. and the Concord Hill School, notwithstanding any such injury or physical condition.

I, as parent or guardian of a camper, understand that Flying Kick Fitness Center, Inc. takes reasonable precautions to insure that programs and activities sponsored by Flying Kick Fitness Center, Inc. at the Concord Hill School or elsewhere are conducted by qualified personnel in a safe and reasonable manner. However, I further understand that these activities involve certain risks of injury and include, but are not limited to, Tae Kwon Do training, various team sports, swimming, transportation to and from Bethesda Pool, etc. I, as a parent or guardian of a camper, recognize and assume these risks and hereby waive and release all claims for myself, my heirs and assigns, against Flying Kick Fitness Center, Inc. and the Concord Hill School, their directors, personal representatives, officers, instructors, agents, supervisors, representatives and employees, for any and all illness, injuries or damage that the camper or his/her property may suffer or incur as a result of or in any way relating to his/her participation in, or travel to or from, Flying Kick Fitness Center's

Summer Day Camp activities at Flying Kick Fitness Center and/or at the Concord Hill School.

Additionally, I have read and understand that the \$150.00 deposit is due upon registration, and is non-refundable; refunds for other fees until June 1, 2011 only. I understand the deposit applies to my camper's summer account balance, and that all other payments must be made to Flying Kick Fitness Center by May 1, 2012.

Parent/Guardian signature _____.

Printed Name: _____ Date: _____

:

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MEDICAL RELEASE FORM (Page 4 of 5)

NAME OF CAMPER _____ Age: _____

:

PHYSICIAN _____.

PHYSICIAN'S ADDRESS

.

PHYSICIAN'S TELEPHONE

:

NAME OF EMERGENCY CONTACT

:

TELEPHONE OF EMERGENCY CONTACT:

:

Please provide the following information:

Date of last tetanus booster: ***REQUIRED*** _____.

Yes _____ No _____

Does the camper have a medical condition that requires specific attention or care?

If yes, please explain:

_____.

IS the camper taking any medications (prescription or otc) now? _____.

Is the camper allergic to bees, wasps, insects, plants, etc? _____.
If yes, please explain:

Is the camper exempt from any immunization for medical or religious reasons?
If yes, please provide a signed copy of the Maryland Department of Health and Mental Hygiene immunization certificate from either a licensed physician indicating that the immunization is medically contraindicated, or from the parent or guardian indicating that they object to immunizations for religious reasons.

*Due to Maryland State law, Flying Kick staff may not dispense any medication to campers. All medication must be self-administered by the camper. If this is not possible due to the camper's age or condition, then a parent must be on location to administer medication to the camper.

Parent/Guardian Signature _____ Date:

Printed Name _____.

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SCHOOL ATTENDANCE FORM (page 5 of 5)

NAME OF CAMPER _____.

My son or daughter attends _____ school.

which is located at: _____ (city/state).

_____ My child is enrolled in a Maryland public or private school and therefore his/her immunization record is on file with the school and state and need not be submitted to the Flying Kick Fitness Camp.

_____ My child is not enrolled in a Maryland public or private school

And therefore

I have provided his/her immunization record to the Flying Kick Fitness Camp.

Parent Signature _____.

Printed Name _____.

Date _____.