



Part A Student information

Student Name _____ Current Grade _____

Student Name _____ Current Grade _____

Student Name _____ Current Grade _____

Special Need (medication, allergy, etc...) _____

Part B Parent/Guardian information

Parent/Guardian's Name 1) _____ DOB _____

Address _____

Cell phone _____

Parent/Guardian's Name 2) _____ DOB _____

Cell phone _____

Part C Check the attending camp weeks					
Check below	Week	Date	Afterschool Member	Non-member	*Sibling discount
	Week 1	6/12-6/13	\$145.00	\$175.00	\$10 off each week
	Week 2	6/16-6/20	\$320.00	\$350.00	additional kid
	Week 3	6/23-6/27	\$320.00	\$350.00	
NO CAMP Week of 6/30					
	Week 4	7/7-7/11	\$320.00	\$350.00	* 5+ weeks
	Week 5	7/14-7/18	\$320.00	\$350.00	\$10 off each week
	Week 6	7/21-7/25	\$320.00	\$350.00	camp fee
	Week 7	7/28-8/1	\$320.00	\$350.00	
	Week 8	8/4-8/8	\$320.00	\$350.00	
	Week 9	8/11-8/15	\$320.00	\$350.00	
	Week 10	8/18-8/22	\$320.00	\$350.00	

Part E Checklist (Parent/guardian's initial each line)

_____ Camp fee is charged by Procure - Bank Account Autopayment

_____ Camp is NON-cancellable after June 1

_____ All camp fees are NON-refundable nor NON-creditable

_____ New member: Registration fee a uniform and one Modu t-shirts with registration fee

_____ Non-member: Pay \$50 each week for deposit

_____ I agree to waive any and all claims against Modu Martial arts and all persons connected with it.

_____ This contract serves as permission to have my child(ren) transported to any health care facility and for him/her to receive any and all emergency health care should a situation arise.

_____ This contract also serves as permission to have my child(ren) transported on field trips during the entire summer camp season.

_____ As we are all aware, children are prone to mishaps. Although Modu Martial Arts makes every effort to have adequate supervision, occasionally accidents can happen. In the instance that an emergency arises we would need your specific permission to transport and have your child treated by a professional care giver/physician etc.

_____ For the safety and well-being of our students and staff, Modu Martial Arts reserves the right to remove any child from our program.

_____ Parent/Guardian's Signature _____ Date _____