

MAS SUMMER CAMP 2018 Registration Form

Child's Name: _____

Date of Birth: _____ Age: _____ Boy or Girl: _____

Parent's/Guardian Names: _____

Address: _____

City: _____ Province: _____ ZIP: _____

Home phone: _____ Cell: _____ Work: _____

Home phone #2: _____ Cell #2: _____ Work #2: _____

Email Address: _____

Is your child prescribed to any medication he/she will be bringing to camp?

_____.

Is your child allergic to any foods or any medication or insect stings? **Please specify.**

_____.

Emergency Contact:

Name: _____ Phone#: _____

WAIVER: We the parent/guardian of _____, do hereby grant permission for our child to attend the MAS 2018 SUMMER CAMP, and understand that the camp employees at MAS Academy of Martial Arts are not responsible for any liability arising out of participation of this camp or programs and outings/field trips. In addition, I grant MAS Academy of Martial Arts, it's representative and employees to take photographs of my child in connection to the program. I understand that they may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

We also grant our child permission to travel outside of the MAS Academy of Martial Arts, and to take the public Grand River Transit system.

Parent/Guardian Signature

Date

MAS Summer Camp 2018 Payment and Dates

Weekly	\$195
Daily	\$40
Half Day	\$25
Extended care (per 30 minutes)	\$5

Please note that these prices do not include tax.

Morning drop off 9AM. Afternoon pick up 4PM.

Child attending: _____

Weeks joining:

- July 3-6
- July 9-13
- July 16-20
- July 23-27
- August 7-10
- August 13-17
- August 20-24
- August 27-31

Please indicate any single day registrations: _____.

Please indicate the extended hours and dates if necessary:

_____.

Payment total: _____ .

Method of Payment: _____ . Payed on: _____ .