

SUMMER CAMP REGISTRATION FORM – Full Day Programs Farmington & Simsbury



Parent's Name: _____ Date _____ / _____ / _____

Student's Name: _____ age: _____

Student's Name: _____ age: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail Address: _____ @ _____

Does the student have any medical problems we should be aware of? Yes No

*Emergency contact numbers: Please see attached package.

*Insurance information: Please see attached package (OTA Health Form).

I agree to waive any and all claims against any person or persons connected with OTA Martial Arts.

I give my permission for my child to attend OTA field trips. I understand my child will be provided transportation to the field trips in the OTA Hummer and van.

This Registration Form will also serve as permission for OTA Martial Arts to provide the above named student with any and all emergency medical attention needed if the situation should arise.

We at OTA make every effort to provide a safe environment for our students, but occasionally accidents do happen. If your child does become injured, OTA Martial Arts has your permission to have your child transported and treated by the nearest hospital or physician.

Parent's Signature _____ Date _____

Fees for regular hour (9:00 am – 3:00 pm)

1Day: \$50.00 (Mon. Tue Wed Thu Fri.)

* **Lunch Not Included.** Please pack lunch and snack – NO GLASS OR BOTTLES.

* Tuition due: Camp fee should be paid **no later than the Friday prior to the week of camp.**

Notes:

Please circle the weeks your child will be attending –

Drop off time: _____ Pick-up time: _____

Weeks Available:

June 26 ~ June 30 / July 10 ~ July 14 / July 17 ~ July 21 / July 24 ~ July 28

Jul 31 ~ August 4 / August 7 ~ August 11 / August 14 ~ August 18 / August 21 ~ August 25

Office Use Only***PAYMENT IS DUE THE WEEK BEFORE THE STUDENT ATTENDS*******

Registration Fee Paid: Cash _____ CC# _____ Note: _____

Amount Paid at enrollment: \$ _____ Cash: _____ CK#: _____ CC#: _____ Date _____

of weeks attending: _____ # of weeks paid for: _____

Location: OTA Taekwondo Studio Farmington /Simsbury

Early Fee[prior to 6/1]: \$180 [MEM] / \$190 [NM]

Reg Fee [After 5/31]: \$199 [MEM] / \$209 [NM]

Extended Day: 3:00 - 5PM

Extended Day Fee: \$45 [MEM] / \$50 [NM] 8 a.m. to 5 p.m

*** Campers may be signed in as early as 8:30 a.m.**

OTA Summer Camp Waivers & Agreements

All waivers & agreements MUST be signed/initialed in order for this application to be processed.
No changes to the waivers & agreements will be accepted.

I. Cancellation and Discontinuing:

- Cancellation -This contract may be cancelled without further obligation within three business days from the date of this agreement. Cancellation shall be in writing via certified or registered mail to Olympic TKD Academy, 45 S Main St., Unionville, CT. 06085.
- Discontinuing - In case of discontinuing(unless three business day cancellation, all other cases will be considered as a discontinuing)14 business days of written notice is required for refund. Your refund or membership dues shall be prorated based on an individual price without any discount or special offer.

Note: Refunds can take up to 4 weeks to process. Please contact our business office, if you have not received your refund within 4 weeks.

Parent's Initials _____

II. Other Fees:

- Tuition is payable per the program your child is registered for. There will be a \$25.00 late fee if payment is not made at the due date (week before the student attends) and an additional \$5.00 per day until paid in full.
- All returned checks will incur a \$25.00 processing fee and a \$2.00 per day late charge from the date tuition was due until tuition is paid in full by cash, money order or cashier's check only.
- Parents/Guardians must pick-up their children at or before the scheduled ending time or their registered program. Our staff will not leave children unattended, therefore, we must charge a late fee of \$10.00 for the first 15 minutes of tardiness and \$1.00 per minute thereafter. We have an "extended care" program available for those interested.
- If you need to change the days of your child's registered schedule, we must have at least 7 days advance notice. If your child will not be attending for a period of time, we need a 7 day advance notice. If your child is not going to attend the program on the scheduled day, please call and notify us by 1:30pm the day before camp day.

Parent's Initials _____

III. Uniform & Sparring Equipment

Children who are yellow belt and up must wear all safety equipment when sparring. Please have your child bring his/her uniform and sparring equipment to camp with them. If they do not have their uniform, they cannot participate in class. There is no make-up day if your child forgets his/her uniform or sparring equipment. Sparring class is offered on Tuesday. If your child is sparring, you may drop off the sparring equipment on Monday afternoon or evening and your child will take it home on Tuesday.

Parent's Initials _____

IV. Pick-Up

Pick Up: Please come to the office and let us know you are picking up your child. We will bring your child to you. We will not allow any child to go out to your car by themselves. If someone other than a parent or guardian will be picking up your child, please call the office or send a note. We require a copy of their driver's license. Anyone picking up your child must be prepared to show proper identification.

Parent's Initials _____

V. Closing and Make up days

OTA will close 4th of July week. Make up days due to illness must be made the same week of camp. Days cannot be carried over to other weeks.

Parent's Initials _____

VI. Additional Fees

Test rank fees, equipment and special events are not included in registration or tuition fees. Parent's Initials _____

VII. Lost and found

OTA is not responsible for the loss of student's personal belongings. Students are not allowed to bring electronic devices and money.

Parent's Initials _____

VIII. Snacks & Lunch

Parents must supply a packed lunch for their child(ren).

Parent's Initials _____

IX. In case of Emergency

I understand every effort will be made to contact the parents/guardian or listed emergency contacts in case of an emergency. In the event I cannot be reached, I hereby give permission for my child to be transported to the nearest medical facility, I also understand that I will be responsible for payments of any medical expenses incurred on my child's behalf and that OTA does not have funds available for payments of medical treatment for my child.

Parent's Initials _____

Signature of Parent/Guardian _____ Date: _____