

2024 SUMMER DAY CAMP REGISTRATION

Student Name:		Date of Birth:	
Parent/Guardian Name:			
Address:			
City:	State:	Zip Code:	
Phone Number:	Alternate Numbe	r:	
E-Mail Address:			
Please list any food allergies/medical i	ssues:		
 WEEK 1: June 3-7 WEEK 2: June 10-14 WEEK 3: June 17-21 WEEK 4: June 24-28 WEEK 5: July 15-19 WEEK 6: July 22-26 WEEK 7: July 29-August 2 WEEK 8: August 5-9 WEEK 9: August 12-16 	\$250 \$250 \$250 \$250 \$250 \$250 \$250 \$250		
10% discount for 3+ weeks when paid	in full		
Total amount due: \$	Please Circle One: DI	SCOVER VISA	MC AMEX
Name on CC:			
CC#:	EXP:	SEC CODE: _	
Signature:		Date:	

"I recognize martial arts does involve a risk of harm or injury, therefore, I agree to hold Retro Sport Karate, its instructors and representatives, harmless from any injury/illness I/my child may incur during my/my Childs training here. I have read and agree to abide by the policies and procedures as well as dress code for Retro Sport Karate." ______ Initials