



USTMA SUMMER CAMP EARLY REGISTRATION 2021

United States Taekwondo Martial Arts Academy

850 W Main St, Berryville, VA 22611 | ustmataekwondo@gmail.com | 540 955 0055

Please fill in all sections of this form and email it or bring it in to register your child for summer camp. If you would like us to bill your credit card all transactions can be done through email. **Full payment is due by June 1st, 2021 to guarantee early registration prices.**

Student 1:		Date of Birth:	
Student 2:		Date of Birth:	
Student 3		Date of Birth:	
Student 4		Date of Birth:	
Home Address			
Parent/Guardian Full Name:		Relationship to Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			
Parent/Guardian Full Name:		Relationship To Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			
Emergency Contact Name:		Relationship To Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			

Students Medical Information

Allergies or Intolerances & Emergency Action Plans			
Primary Physician:		Phone No:	
Insurance Carrier:		Policy No:	

Liability Waiver

Please read the liability waiver below carefully

USTMA agrees to notify the student's parent(s)/guardian(s) designated on the front of this form if the child becomes ill and the student's parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so required. The student's parent(s)/guardian(s) authorized USTMA to obtain immediate medical care for the student if any emergency occurs and the parents/guardians cannot be immediately contacted. The student's parent(s)/guardian(s) agree to inform USTMA with in 24 hours of the next business day after the child or any member of the immediate household has developed reportable communicable disease, as defined by the Stated Board of Health, except for life threatening diseases which must be reported immediately. I understand that strict observance of the rules and regulations of USTMA relative to the provided training will largely eliminate the possibility of accident or injury. However, I hereby waive any claims of personal injury or damage against USTMA, its principles, coaches, instructors, agents or employees in any case resulting from the subject activity. If any injury should occur, I will file the claim through my own insurance carrier. I give permission for my children to be photographed during the course of regular activities to be used for USTMA advertising and social media. I understand that all incurred fees are non-refundable and non-transferable.

By signing below I agree to comply with all USTMA policies and rules, including but not limited to all USTMA policies, guidelines, signage and instruction. Because USTMA is open for use by other individuals, I recognize that me and my family are at higher risk of contracting COVID-19. With full awareness of appreciation of the risks involved, I, for myself and on behalf of my family hereby forever release, waive and discharge USTMA from any liability specifically related to COVID-19. I hereby acknowledge and represent that I have read the forgoing Waiver of Liability, understand it and sign it voluntarily as my own free act.

Parent/Guardian: _____ Date: ____/____/____

USTMA Representative: _____ Date: ____/____/____

Payment Method

Please select your payment type

I would like USTMA to bill me with the below credit card details.

I will come in and pay cash or by personal check. (Please make out personal checks to USTMA)

Credit Card Billing Information

Please fill in all sections below even if we have it on file.

Card Holder Name: _____

CC Account No: _____

Exp Date: ____/____ CVV: _____

I authorize USTMA U.S. Taekwondo Martial Arts Academy to charge my above credit card for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account and that I reserve the right to cancel this authorization at any time.

Signature: _____ Date: _____

Early Registration Summer Camp Pricing

Please select the needed session for each camper.

USTMA Member: TKD Account Holders	\$150 per week	Non USTMA: Afterschool/DL Member	\$200 per week
--	-----------------------	---	-----------------------

Camp Sessions & Dates

Each camper (sibling) after the 1st Camper will receive a 10% discount on the prices shown above. The camper with the most days of camp must be represented as "1st Camper".

Session 1: June 21 - 25	Session 5: July 26 - 30
Session 2: July 5 - 9	Session 6: August 2 - 6
Session 3: July 12 - 16	Session 7: August 9 - 13
Session 4: July 19 - 23	

Please note we will not be having summer camp the week of June 28th - July 2nd.

1st Camper

Name: _____

S1:	S2:	S3:	S4:	S5:	S6:	S7:			
------------	------------	------------	------------	------------	------------	------------	--	--	--

Other (Please let us know here if you are needing custom dates) : _____

2nd Camper

Name: _____

S1:	S2:	S3:	S4:	S5:	S6:	S7:			
------------	------------	------------	------------	------------	------------	------------	--	--	--

Other (Please let us know here if you are needing custom dates) : _____

3rd Camper

Name: _____

S1:	S2:	S3:	S4:	S5:	S6:	S7:			
-----	-----	-----	-----	-----	-----	-----	--	--	--

Other (*Please let us know here if you are needing custom dates*) : _____

4th Camper

Name: _____

S1:	S2:	S3:	S4:	S5:	S6:	S7:			
-----	-----	-----	-----	-----	-----	-----	--	--	--

Other (*Please let us know here if you are needing custom dates*) : _____

If you have any questions please feel free to contact us: ustmataekwondo@gmail.com | 540 955 0055