



KANJIZAI MARTIAL ARTS LLC 2018 CAMP REGISTRATION

Camper #1 Information

Name _____

DOB _____ Gender _____

Special Requirements (allergies, medications, behavioral challenges, etc.)

Camper #2 Information

Name _____

DOB _____ Gender _____

Special Requirements (allergies, medications, behavioral challenges, etc.)

Camper #3 Information

Name _____

DOB _____ Gender _____

Special Requirements (allergies, medications, behavioral challenges, etc.)

Parent/Guardian Information

Name _____

Relationship _____

Address _____

City _____

State _____ Zip _____ Phone _____

Email _____

Medical Information (optional)

Type of Insurance _____

Policy No. _____

Primary Care Physician _____

Tel. _____

* In the event of an emergency, our staff will call 911 and/or take your child to the nearest emergency center.

Pick Up Authorization

For the safety of our campers they will NOT be allowed to leave Kanjizai Martial Arts with any individual other than their parent(s) or the person(s) listed below. If you have babysitters, family members, or any other individuals who will be picking up your child, please list them on this form.

Name _____ Tel. _____

Relationship _____

Name _____ Tel. _____

Relationship _____

I hereby authorize the above-mentioned person(s) to pick up my child from Kanjizai Martial Arts, 514 E Belvedere Ave. Baltimore, MD 21212

Parent/Guardian Signature _____

Date _____

Liability Release

I understand that Kanjizai Martial Arts, their instructors, staff and other session participants are not responsible or liable for accidents and/or injuries to said mentioned child, nor loss of any personal property during a session(s) and while under their instruction/supervision on the premises at 514 E Belvedere Ave. Baltimore, MD 21212 or at any off-site locations. I will not hold KANJIZAI MARTIAL ARTS LLC, its MARTIAL ARTS SUMMER CAMP program or any of their instructors/staff or other students liable, responsible or accountable, in any way, for any accidents, injuries or loss of personal property that may occur to said mentioned child while under their supervision.

I have read, understand and accept all conditions written under said release of liability.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name(please print) _____

Camp Tuition (*Per Week / 5 days*)

July 2 - August 3, 2018
\$300 per week
\$1,350 for 4 weeks

Each camper must have a 2018 Kanjizai Summer Camp t-shirt and a uniform. T-shirts are \$20 and a uniform is \$40. You will receive a free t-shirt when you enroll in 3 weeks or more. These costs will be added to your Tuition Total if necessary.

Space and seating is limited. Tuition reserves your child’s space for camp. Because we cannot be certain your spot will be filled should you cancel, we do *not* give camp refunds for *any* reason.

Absolutely NO REFUNDS. Sign _____ Date _____

10% early registration discount is applied to your Tuition Total when tuition is paid in full before April 15, 2018.

10% sibling discount is applied to your Tuition Total.

Sibling and early registration may be combined for a total 20% discount when appropriate.

Reservation and Cancellation Policy

At the time of reserving a weekly spot, a \$100 minimum deposit per week must be submitted to insure my child’s place at camp. If enrolling in 4 or 5 weeks, only \$300 is required for a deposit.
_____ initial

If I choose to cancel my reservation for ANY reason, I forfeit all monies paid _____ initial

No refunds of said payments will be made, with no exceptions or reasons, if I choose to cancel reservation. _____ initial

I have read, understand and accept all conditions written under said booking and cancellation policy.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Name (Print) _____

Date _____

2017 Camp Dates:

You may book by the week. Please be mindful there are no refunds once you book and pay. Check all weeks below that your child(ren) will be attending camp.

_____ Week 1: July 2 - July 6

_____ Week 4: July 23 - July 27

_____ Week 2: July 9 - July 13

_____ Week 5: July 30 - August 3

_____ Week 3: July 16 - July 20

ADVENTURE CAMP 2017 TUITION WORKSHEET

Line 1. Base Cost Per Child	\$
<i>(\$300 per Week / \$1,350 for 5 Weeks)</i>	
Line 2. Family Total	\$
<i>(Line 1 x Number of Siblings = Family Total)</i>	
Line 3. Sibling Discount Sub-Total	\$
<i>(For 2 or more campers, Line 2 x 0.9 = Sibling Discount Sub-Total. For 1 child, copy Line 2.)</i>	
Line 4. Early Bird Sub-Total	\$
<i>(If registering before 4/15/18, Line 3 x 0.9 = Early Bird Sub-Total. If registering after, copy Line 3.)</i>	
Tuition Total \$ _____	
<i>(Copy Line 4)</i>	
Check One: _____ I will need a t-shirt and uniform for each camper (\$60 per child)	
_____ I will register for 1 week and only need a t-shirt (\$20 per child)	
_____ I will register for 2-4 weeks and need a uniform for each camper (\$40 p child)	
_____ I will register for 2-4 weeks and have a uniform for each child (No charge	
_____ I will register siblings who have different clothing requirements (Cost varies)	
Grand Total \$ _____	
<i>(Tuition Total + \$40 per Uniform + \$20 per T-Shirt = Grand Total)</i>	

PAYMENT PROCESSING

If your Deposit Amount is less than the full tuition amount, further payments toward your Outstanding Balance must be scheduled. These may be scheduled on a recurring weekly or monthly basis. The Full Tuition Amount must be paid in full before April 15, 2018 to receive the 10% early registration discount. All tuition must be paid in full before June 15, 2018.

If paying in full at registration, Deposit Amount should match the Grand Total, with an Outstanding Balance of \$0. Campers registering after June 15 must pay in full, and may not setup delayed tuition payments. There are no refunds for any reason. Complete the form below to setup your payment plan. Please feel free to contact us directly at 410-294-4208, or email us at KanjizaiDojo@gmail.com if you need assistance filling out your payment form.

Grand Total (Calculated on page 4)	
Deposit Amount (Amount being paid at registration. \$100 min. per week, per child. \$300 min. If registering for 3-5 weeks.)	
Outstanding Balance (Total Amount due minus Deposit Amount)	

Will you be setting up any deferred payments? _____ Yes _____ No

Will your recurring payments be scheduled on a weekly or monthly basis?

_____ Weekly

_____ Monthly

Which day of the week / month do you wish to be charged? _____

How many delayed payments would you like to schedule? _____
(Payments will be spread equally over these billing dates.)

I authorize Kanjizai Martial Arts LLC to process the Deposit Amount written above as of today's date. I agree to pay the Outstanding Balance according to the payment plan outlined on this page. I understand that there are no refunds given on my deposit, or any tuition payments made thereafter. I agree to pay the Grand Total according to the payment plan outlined on this page.

Signature _____

Date _____

Name (Print) _____

Payment Information *(This page will be shredded after initial registration.)*

Credit (Visa, MasterCard, or Discover)

Type of Card _____

Name on Card _____

Card Number _____

Expiration Date _____

Signature _____

Electronic Funds Transfer (using checking account)

Bank Name _____

Account # _____

Routing # _____

Signature _____

Payment on file (current students only)

Cash

Check

Deposit Amount _____

Grand Total _____

(Calculated on page 4.)