



THE KICK USA TAEKWONDO

Martial Arts of South Korea

13635 Providence Road
Weddington, NC 28104
Tel: 980-339-5224

SUMMER CAMP APPLICATION

◆ Student Information

Student Name: _____ Age: _____ Sex: _____

T-shirt Size: YXS / YS / YM / YL / AS DOB: ____ / ____ / ____ School: _____

Expected Drop Off Time: AM : _____ Expected Pick Up Time: PM : _____

◆ Parent / Legal Guardian Information

Name: _____ Email: _____ Phone #: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

◆ Credit Card Authorization

Credit/Debit Card - Visa Master American Express / Check # _____
 Card Holder Name _____
 Card Number _____ Expire Date ____/____/____ CVV# _____
 Billing Address _____
 City _____ State _____ Zip _____

◆ PLEASE CHECK OFF WEEKS YOUR CHILD WILL BE ATTENDING (2nd Child \$20 off, 3rd Child \$30 off)

WEEK	DATES	TUITION (9:00-14:00)	EXTENDED HOUR (8:30-17:00)	TOTAL
<input type="checkbox"/> 1	6/10/23 ~ 6/14/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> 2	6/17/23 ~ 6/21/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> 3	6/24/23 ~ 6/28/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> -	----- Break -----			
<input type="checkbox"/> 4	7/8/23 ~ 7/12/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> 5	7/15/23 ~ 7/19/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> 6	7/22/23 ~ 7/26/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> 7	7/29/23 ~ 8/2/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> 8	8/5/23 ~ 8/9/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> 9	8/12/23 ~ 8/16/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$
<input type="checkbox"/> 10	8/19/23 ~ 8/23/23	<input type="checkbox"/> \$199	<input type="checkbox"/> \$50	\$

PROGRAMS: Taekwondo, Gymnastics, Field Trips, Entertain Park, Craft etc.

SIGNATURE OF PARENT: _____ DATE: ____ / ____ / ____



THE KICK USA TAEKWONDO

Martial Arts of South Korea

13635 Providence Road
Weddington, NC 28104
Tel: 980-339-5224

Liability Waiver

★Read Carefully Before Signing★

Photo Release: I hereby grant the THE KICK USA, INC permission to use myself, my son(s), my daughter(s) likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of THE KICK USA, INC and will not be returned. I hereby irrevocably authorize THE KICK USA, INC to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing THE KICK USA, INC's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein myself, my son(s), my daughter(s) likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

By signing this Liability Waiver, I fully recognize and acknowledge that TAEKWONDO is a contact sport and may result in physical injury to myself and/or others. Having a full understanding of these risks, I wish to participate in the classes. I assume full and complete responsibility for any and all damages or injuries that I may sustain or incur, if any, while participating in any TAEKWONDO activities. I do hereby release and further discharge THE KICK USA, INC's owner, operators, any assistant instructors, or employees, for any personal injury that I may sustain while attending any class or activity. I also realize and acknowledge that I am solely responsible for any medical attention or treatment that I may need as a result of my participation.

FOR PARENTS/GUARDIANS: By signing this Liability Waiver, I fully recognize and acknowledge that TAEKWONDO is a contact sport and may result in physical injury to my child/ward. Having a full understanding of these risks, I permit my child/ward to participate in the classes. I assume full and complete responsibility for any and all damages or injuries that he or she may sustain or incur, if any. I do hereby release and further discharge THE KICK USA, INC's owner, operators, any assistant instructors, or employees, for any personal injury that my child/ward may sustain while attending any class or activity. I also realize and acknowledge that I am solely responsible for any medical attention or treatment that my child/ward may need because of his/her participation.

SIGNATURE OF PARENT: _____

DATE: ____ / ____ / ____



THE KICK USA TAEKWONDO

Martial Arts of South Korea

13635 Providence Road
Weddington, NC 28104
Tel: 980-339-5224

Policy Acknowledgment Form

★Read Carefully Before Signing★

Initial the following below please:

___ **First Week Commitment:** Enjoy your first week fully! While the first week is non-refundable, it's designed to give you the best introduction to our camp.

___ **Two-Week Minimum Stay:** Get the full camp experience with a minimum stay of two weeks, ensuring you don't miss out on any of the fun!

___ **Early Registration Benefit:** Register early for a special price of \$169.00! Want to add more weeks later? No problem, you can do so at the standard rate of \$199.00.

___ **Personal Belongings Policy:** Campers are responsible for their personal items. We recommend labeling belongings and leaving valuables at home. We're not responsible for lost or stolen items.

SIGNATURE OF PARENT: _____ DATE: ____ / ____ / ____