



## SUMMER CAMP REGISTRATION

ALL CAMPS are for attendees aged 6.5 or Older (entering 1<sup>st</sup> grade in Fall 2022) and run 9 am – 4 pm.

### Summer Camp Rates

- **Get the Early Bird Discount** by registering on or before February 28<sup>th</sup>, 2022 and receive **\$20 OFF**
- **Active ECK members** will receive **the Active ECK Student rate** regardless of registration date.
- **Additional siblings** will receive a **10% discount** for the rate they qualify for (ECK or Non-ECK).

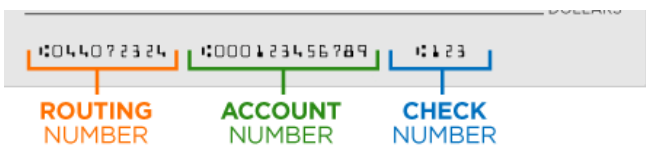
	<b>1<sup>st</sup> Child</b>	<b>Additional Child(ren)</b>
<b>Active ECK students</b>	\$300/week	\$270/week
<b>Non-ECK Students</b> (Registered on or before February 28th)	\$330/week	\$297/week
<b>Non-ECK students</b> (After March 1st)	\$350/week	\$315/week

### Instructions: Please write a check mark for all the camps you are planning to attend

	1	Secret Agent Camp	June 27th – July 1st
	2	Jedi Training Camp	July 11th – July 15th
	3	Avengers Camp	July 25th – July 29th
	4	Wizards Wards Camp	August 8th – August 12th
	5	Boba Fett Camp	August 22nd – August 26th
	6	Ninja Camp	August 29th – September 2nd
If this is an additional family member, please check this box. (Additional Family Members receive a 10% Discount)			

### Payment Authorization:

You can pay by EFT or Credit Card. Please fill out the following section carefully.

<b>EFT (Electronic Transfer from a Checking or Savings Account)</b>	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Account: _____	Bank Name: _____
Bank Routing No.: _____	Account No.: _____
	
<b>Credit Card/Debit Card</b>	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Account No.: _____	
Cardholder Name: _____	
Exp. Date: ____ / ____      Verification Code (CVV): _____	

I, \_\_\_\_\_, hereby authorize the amounts indicated above to be withdrawn from my checking account or charged to the credit card account listed above including any replacement costs for any Emerald City Karate equipment including dojo T-shirts, and acknowledge the payments herein are due without pro-rating for any reason.

Signature

X \_\_\_\_\_ Date: \_\_\_\_\_

Note: By initialing below, you acknowledge that you have read and agreed to each item. In order for your child to attend camp, each item **MUST be initialed** by a parent/guardian.

**General authorizations:** I confirm the authorizations and consent to the details within this document, including, but not limited to medical treatment, field trips, activity participation, and emergency contacts.

**Parent/Guardian initials** \_\_\_\_\_

**Authorization of treatment:** I give permission for Emerald City Karate staff to provide any medical assistance they deem appropriate for my child, named below. I also give permission for any emergency personnel to treat my child in the event of an emergency and understand that I will be responsible for all medical expenses that may be incurred as a result.

**Parent/guardian initials** \_\_\_\_\_

**Media release:** I understand that photos, videos, and audio recordings of my child may be taken during camp. I hereby authorize Emerald City Karate and its personnel to take, use, and publish photographs, video, and audio records of my child for education, public relations, marketing and purposes related to Emerald City Karate.

**Parent/guardian initials** \_\_\_\_\_

**General release:** I acknowledge that there are natural hazards associated with camp programs and related activities in both indoor and outdoor settings. I hereby affirm that my child is in good health and physically capable of performing the required activities of camp. In consideration of Emerald City Karate accepting my child into a program, I hereby assume all risks associated with my child's attendance and participation. I will indemnify, hold harmless and release Emerald City Karate, their employees, volunteers, interns, and agents from all liability, actions, causes of action, debts, claims, demands or other liability of every kind and nature whatsoever which may arise from or in

connection with my child's participating in any activities sponsored through Emerald City Karate, including and without limitation, any damages or injuries which may be sustained while my child is at camp. I understand and agree that this release is intended to be as broad and inclusive as is permitted by the laws of the State of Washington, and that if any portion of it is held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect.

**Parent/guardian initials** \_\_\_\_\_

**Transportation Authorization**

I hereby authorize Emerald City Karate, to travel in the Emerald City Karate Van or by foot from the Emerald City Karate to Field Trip locations, to medical facilities, including urgent care and hospital facilities, and any other places visited from time to time as deemed reasonable by Emerald City Karate.

**Parent/guardian initials** \_\_\_\_\_

**Handbook and camp policies:** I have read Emerald City Karate's Summer Camp Handbook outlining all program policies and procedures and understand and will comply with all program policies and procedures. I understand that should my child violate camp policies or procedures, or act in a manner that is unsafe for my child, other participants or staff, my child may be excluded from the program. Accordingly, I have told my child to obey all directions of staff, to comply with all safety instructions and to refrain from unsafe practices. If my child has to be removed from the program, I will *not* be entitled to a refund.

**Parent/guardian initials** \_\_\_\_\_

I HAVE READ THE AGREEMENT CAREFULLY AND HAVE FULLY UNDERSTOOD THE CONTENT AND CONSEQUENCES OF THIS AGREEMENT. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

Camper's full name (print): \_\_\_\_\_

Parent/guardian's full name (print): \_\_\_\_\_ Relationship to minor: \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_