



# CHARLES JUNE Karate Institute

650 E Fire Tower Rd (252) 7KARATE  
Winterville, NC 28590 (252) 752-7283

## 2017 Summer Camp – Student Information

_____	/ /	_____	_____
Student 1	Date of Birth	Age	School
_____	/ /	_____	_____
Student 2	Date of Birth	Age	School

## Parent/Guardian Information

_____	_____	_____	_____	_____
Parent/Guardian Names	Street Address	City	State	Zip Code
(____)____ - _____	(____)____ - _____	(____)____ - _____	_____	
Work Phone	Cell Phone	Home Phone	Email	
_____	_____			
Other Emergency Contact Person	Relation			
(____)____ - _____	(____)____ - _____	(____)____ - _____	_____	
Work Phone	Cell Phone	Home Phone		

## Approved Pick-Up List

If anyone other than the parent/guardian listed above will be picking up your child, please list the full name of each individual with full permission to pick up your child.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

*Individuals named above will need a picture id in order to pick up your child.*

## Additional Information About Your Child(ren)

Food or Drug Allergies: \_\_\_\_\_

Please list any medications your child is taking. This information will only be used in case of an emergency, to better assist health care providers. *If your child has medication to be administered by our staff, it must be in the pharmacy-labeled container with the instructions clearly printed. You must sign a permission slip to allow our staff to administer this medication.*

List any special needs or dietary restrictions \_\_\_\_\_

Please provide any information you feel would be helpful in teaching and working with your child (how your child best learns, communication techniques, how to best work with your child in dealing with behaviors, what you feel encourages your child the most, what situations make your child uncomfortable or activities we should avoid, strengths etc.) \_\_\_\_\_

## Registered Weeks and Rates

**Rates:**

<b>Full time week: \$165</b> Up to 5 full days.	<b>Part time week: \$120</b> Up to 5 half days (4 hours) or 3 full days	<b>Daily rate: \$40 for non-members</b> <b>\$35 for members</b>
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**Discounts:**

<b>Sibling discount: \$10/week</b> (only applied to weeks when both/all siblings attend)	<b>Auto-billing discount: \$5/week</b>	<b>Multiple week discount: \$10/week</b> (if more than 5 weeks)
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Week of	6/12-16	6/19-23	6/26-30	7/3-7	7/10-14	7/17-21	7/24-28	7/31-8/4	8/7-11	8/14-18	8/21-25
1 <sup>st</sup> child											
2 <sup>nd</sup> child											
Other											
Discount											
<b>Total</b>											

**Terms and Conditions (initial that you have read each)**

\_\_\_\_\_ **Waiver:** I am aware that students will engage in physical exercise and use of training equipment. Karate training and Summer Camp activities can cause injuries and I assume all risk of injuries which may result. I hereby waive and release any claim or right to sue Charles June Karate, its staff or instructors for student injuries. I also understand and agree that Charles June Karate shall not be responsible or liable for any loss, damage or theft of any property belonging to me or student even if the loss, damage or theft occurs on or around the Charles June Karate property.

\_\_\_\_\_ **Payments:** We accept Cash, Check and Credit/Debit cards. Payments are due on Monday of each week for that week. A \$5 late fee will be added to your account when payment is 2 days late. The first week's payment must be included when registration is submitted.

\_\_\_\_\_ **Activity Fee:** We will not charge a separate fee for each event we schedule during the summer months. Instead, we are charging a \$10 per week family activity fee that will be used for all activities (bowling, skating, aquarium, museums, etc).

\_\_\_\_\_ **Contract Term:** You are registering your child(ren) for the Summer Camp weeks as indicated in the Registered Weeks and Rates section above. You are responsible for the weekly payments for each registered week regardless of your child(ren)'s attendance.

\_\_\_\_\_ **Photo Release:** Photographs may be taken of students to be used in publications including but not limited to the Charles June Karate website. I hereby consent and release Charles June Karate from any expectation of confidentiality for the student(s) identified on page 1.

\_\_\_\_\_ **911 Release:** I give my consent to Charles June Karate to call 911 in the event of an emergency and I hereby give my consent to any emergency facility or physician to administer necessary treatment to my child in the event of an emergency. I give my consent to transport by ambulance as/if the situation warrants. I have read, understand and agree to all Terms and Conditions listed above.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



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## Credit/Debit Card Recurring Payment Authorization Form

To enjoy the convenience of automatic billing, simply complete and sign this form to get started!

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard or Discover card. Your card will be charged each date for the amount authorized – your fee(s). The charge will appear on your monthly credit card statement.

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### Please complete the information below:

I \_\_\_\_\_ authorize Charles June Karate to charge my credit card indicated below for payment of summer camp fees.

The recurring charge will be in the amount of \$ \_\_\_\_\_ ,  
and will be charged on the following dates: \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

CVS (3digit code) \_\_\_\_\_

Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined herein. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above or for any early termination fee should I cancel my membership prior to the end of my initial membership enrollment period. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.