



## General Information

**Camper #1 Name:** \_\_\_\_\_ (Nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade as of Sept. 2017: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_

Can your child swim? YES \_\_\_ NO \_\_\_ Allergies: \_\_\_\_\_

**Camper #2 Name:** \_\_\_\_\_ (Nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade as of Sept. 2017: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_

Can your child swim? YES \_\_\_ NO \_\_\_ Allergies: \_\_\_\_\_

**Camper #3 Name:** \_\_\_\_\_ (Nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade as of Sept. 2017: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ **T-shirt Size:** \_\_\_\_\_

Can your child swim? YES \_\_\_ NO \_\_\_ Allergies: \_\_\_\_\_

**Parent Contact:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ Telephone #: \_\_\_\_\_

### EXTRA T-SHIRT ORDER

Youth attending 1 week will receive one (1) Makoto Summer shirt. Youth attending 2+ weeks will receive two (2) Makoto Summer shirts. They are REQUIRED to wear a Makoto Summer shirt every day. If you would like to order extra shirts, please put the correct **IN ADDITION quantity** that you would like...

**YOUTH sizes (\$7.00):** SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_  
**ADULT sizes (\$11.00):** SM \_\_\_\_\_ MED \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_

# MAKOTO



2018

## Program Registration

	<u>Non-Member Fee</u>	<u>Makoto/MAS Member Fee</u>
Registering for 1 to 4 weeks:	\$297.00/week	\$257.00/week
Registering for 5 to 9 weeks:	\$277.00/week	\$237.00/week
Registering for 10+ weeks:	\$257.00/week	\$217.00/week

**Before & After Care Option:** Before care begins at 7:30am and after care goes until 6:00pm. Cost per child is \$37.00/wk.



**MAKOTO CAMP:**  14 N. Village Ave. EXTON  1045 Boot Rd. DOWNINGTOWN

<u>Weeks Attending</u>	<u>Per Week Cost</u>	<u>Before &amp; After Care (\$37)</u>	
<input type="checkbox"/> June 11-15:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> June 18-22:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> June 25-29:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> July 2-6:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> July 9-13:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> July 16-20:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> July 23-27:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> July 30-Aug 3:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> August 6-10:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> August 13-17:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> August 20-24:	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**TEEN CAMP (12+ years):**  412 Newcomen Rd. EXTON

<u>Weeks Available</u>	<u>Non-Member Cost</u>	<u>Member Cost</u>	<u>Before &amp; After Care (\$37)</u>	
<input type="checkbox"/> June 25-29:	\$ 337.00	\$ 307.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> July 16-20:	\$ 337.00	\$ 307.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> July 23-27:	\$ 337.00	\$ 307.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Registration Fee & Down Payment:

To secure your spaces within the Makoto Summer Program, you will be required to pay a \$37 Registration Fee (per child) as well as 50% of the total payment for your first week in the program. These fees/payments will be charged or withdrawn within 14 days of your enrollment. Both fees are non-refundable nor transferrable.

### Payment Matters:

- Camp fees must be paid via a Credit Card or Electronic Funds Transfer (EFT).
- Weekly payments will be charged/withdrawn the Friday prior to each camp week your camper is attending.
- If a camper's fees are not paid by the first day of their camp week, the camper will not be permitted to attend.
- Credits and refunds are not issued for cancellations, unexpected vacations or illness after April 23, 2018.

### Payment Information:

**Credit Card:** Visa / MasterCard # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**EFT:** Checking Account # \_\_\_\_\_ Routing # \_\_\_\_\_

I understand and agree to the terms/conditions above \_\_\_\_\_  
(Parent's or guardian's signature)



## Medical History

Child's Name: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have problems with any of the following?

- Recent Surgeries/Fractures: \_\_\_\_\_  Asthma  Ear infection / dizziness:  
 Convulsions / seizures  Heart trouble / murmur:  Severe or frequent headaches:

Currently taking any prescription drugs? Y / N If yes, what? \_\_\_\_\_

Currently taking any non-prescription drugs? Y / N If yes, what? \_\_\_\_\_

Do you have any drug allergies? Y / N If yes, what? \_\_\_\_\_

Any other medical or personal conditions Makoto should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have problems with any of the following?

- Recent Surgeries/Fractures: \_\_\_\_\_  Asthma  Ear infection / dizziness:  
 Convulsions / seizures  Heart trouble / murmur:  Severe or frequent headaches:

Currently taking any prescription drugs? Y / N If yes, what? \_\_\_\_\_

Currently taking any non-prescription drugs? Y / N If yes, what? \_\_\_\_\_

Do you have any drug allergies? Y / N If yes, what? \_\_\_\_\_

Any other medical or personal conditions Makoto should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_ Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have problems with any of the following?

- Recent Surgeries/Fractures: \_\_\_\_\_  Asthma  Ear infection / dizziness:  
 Convulsions / seizures  Heart trouble / murmur:  Severe or frequent headaches:

Currently taking any prescription drugs? Y / N If yes, what? \_\_\_\_\_

Currently taking any non-prescription drugs? Y / N If yes, what? \_\_\_\_\_

Do you have any drug allergies? Y / N If yes, what? \_\_\_\_\_

Any other medical or personal conditions Makoto should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# MAKOTO



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## Release and Waiver of Liability

In consideration of services to be received as a member of Makoto or The Martial Arts Studio on the aforementioned premises, the undersigned hereby releases and forever discharges the school, its heir(s), administrators, and instructors from any kind and all actions, cause of actions, liability claims, and demands upon or for reason of any damage, loss, injury, or suffering known and unknown which may be sustained by the student mentioned on the front of this document in connection with and in the course of any activity on Makoto and/or The Martial Arts Studio premises by instructors, staff, employees, or fellow students of the school. He/she waives all rights to claims, actions, cause of actions, demand or suit for any loss, injury, damage, or suffering sustained as a result of anything other than gross negligence on the part of Makoto and The Martial Arts Studio. The undersigned assumes all the risks inherent and incident to this type of activity as a condition for applying for membership to Makoto or The Martial Arts Studio for the purpose herein above stipulated.

With membership you hereby give permission for images of you or the student to be captured through video, photo, recordings, and digital camera to be used by Makoto and The Martial Arts Studio on the Web or in promotional material. You relinquish any right to examine or approve the images, and waive any rights of compensation or ownership thereto the images used.

And, you hereby release, discharge and agree to save Makoto and The Martial Arts Studio as well as their heirs, assigns or legal representatives, and all persons functioning under his/her permission or authority, or those for whom he/she is functioning, from any liability that may occur or be produced in the taking of said picture and/or video, or in any subsequent processing and streaming thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

*By signing this form I agree to and understand the policies and terms set forth by Makoto and The Martial Arts Studio...*

<b>Camper Signature #1</b> _____	<b>Date:</b> ____/____/____
<b>Camper Signature #2</b> _____	<b>Date:</b> ____/____/____
<b>Camper Signature #3</b> _____	<b>Date:</b> ____/____/____
<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> ____/____/____
<b>Accepted By:</b> _____	<b>Date:</b> ____/____/____

# MAKOTO



## Authorization

### TRANSPORTATION WAIVER:

I/We the undersigned parents/guardians of \_\_\_\_\_ (a minor) do hereby authorize MAKOTO, as our agents, to transport the above mentioned child as needed for the Makoto Summer Program.

In the event of inclement weather, MAKOTO reserves the right to cancel transportation for that day.

This authorization shall remain effective until the child withdraws from MAKOTO and all of its summer camps, or this waiver is sooner revoked in writing by the parents/guardian. Also, I hereby waive and release any and all rights and claims that I may have against MAKOTO, its associated business, its representatives and drivers and assigns for any and all injuries suffered by my child in transit.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/2016  
Date

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### *The following Adults are authorized to pick up my child:*

1. \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
2. \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
3. \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
4. \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/2016  
Date