

# MAKOTO

2017



## General Camper 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

Campers attending 1 week will receive one (1) Makoto Summer Camp shirt. Campers attending 2+ weeks will receive two (2) Makoto Summer Camp shirts. They are REQUIRED to wear a camp shirt every day. If you would like to order extra shirts, please put the correct quantities in the spaces below.

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

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## Camp 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

Extended Care Option: If you are unable to pick up your camper by 5:10pm, there is Extended Care until 6:00pm for \$27.00/wk.

Select your  
location!

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

### Weeks Attending

<input type="checkbox"/> June 12-16:	\$ _____
<input type="checkbox"/> June 19-23:	\$ _____
<input type="checkbox"/> June 26-30:	\$ _____
<input type="checkbox"/> July 5-7:	\$ 177.00 (flat rate)
<input type="checkbox"/> July 10-14:	\$ _____
<input type="checkbox"/> July 17-21:	\$ _____
<input type="checkbox"/> July 24-28:	\$ _____
<input type="checkbox"/> July 31-Aug 4:	\$ _____
<input type="checkbox"/> August 7-11:	\$ _____
<input type="checkbox"/> August 14-18:	\$ _____
<input type="checkbox"/> August 21-25:	\$ _____ +\$10 (iFly)

### Per Week Cost

### Extended Care (\$27)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

### Weeks Available

<input type="checkbox"/> June 26-30:	\$ 337.00 (flat rate)
<input type="checkbox"/> July 17-21:	\$ 337.00 (flat rate)

### Per Week Cost

### Extended Care (\$27)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Registration Fee:

There is a \$37.00 Registration Fee per child. This fee is non-refundable, non-applicable, and non-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 **May 1, 2017**.

### 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)

# MAKOTO



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## Medical History

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

Personal physician: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

**Does your camper have problems with any of the following? Please describe.**

- ☐ Surgery: \_\_\_\_\_
- ☐ Asthma: \_\_\_\_\_
- ☐ Shortness of breath / fainting: \_\_\_\_\_
- ☐ Ear infection / dizziness: \_\_\_\_\_
- ☐ Convulsions / seizures: \_\_\_\_\_
- ☐ Fractures / severe pains: \_\_\_\_\_
- ☐ 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?**

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

# 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 Camp.

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 camper:***

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

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

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