



14 N. Village Ave. Exton, PA | (610) 280-0873 | www.makotoway.com

2019 SUMMER PROGRAM

YOUTH #1 INFORMATION: Date of Birth:    /   //

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

Age:       Height:       Weight:       Shirt Size:       Extra Shirts\*…How Many?

Can he/she SWIM? [ ]  Yes [ ]  No Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUTH #2 INFORMATION: Date of Birth:    /   //

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

Age:       Height:       Weight:       Shirt Size:       Extra Shirts\*…How Many?

Can he/she SWIM? [ ]  Yes [ ]  No Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUTH #3 INFORMATION: Date of Birth:    /   //

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

Age:       Height:       Weight:       Shirt Size:       Extra Shirts\*…How Many?

Can he/she SWIM? [ ]  Yes [ ]  No Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT & GUARDIAN INFORMATION:

Name #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone #:       Cell Phone #:       Email Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone #:       Cell Phone #:       Email Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT INFORMATION:

Emergency Contact #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Extra Shirts… $8 for Youth Sizes. $10 for Adult Sizes*.





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REGISTRATION: WEEKS & FEES

***LOCATION***: The Makoto Summer Program will be held at 14 N. Village Ave. (Exton) for ALL WEEKS. The (6) weeks of the TEEN Program however, will be held at 412 Newcomen Rd. (Exton).

**GENERAL Program MEMBER Fee NON-MEMBER Fee**

 1 - 4 weeks: $267.00/week $297.00/week

 5 - 9 weeks: $247.00/week $277.00/week

 10+ weeks: $227.00/week $257.00/week

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**TEEN Program MEMBER Fee NON-MEMBER Fee**

 1 - 3 weeks: $317.00/week $337.00/week

 4 - 6 weeks: $297.00/week $317.00/week

 ***Extended Day Option:*** For just $37/week (per child) you can extend your child’s summer day with Early Drop Off

between 7:30-8:00am and Extended Stay from 5:00-6:00pm.

Select Your Weeks:

**Program Choice: Extended Day:**

[ ]   **June 10-14:** [ ]   **General** [ ]   **Yes** [ ]   **No**

[ ]   **June 17-21:** [ ]   **General /** [ ]   **Teen:**      [ ]   **Yes** [ ]   **No**

[ ]   **June 24-28:** [ ]   **General /** [ ]   **Teen:**      [ ]   **Yes** [ ]   **No**

[ ]   **July 1-5:** [ ]   **General** [ ]   **Yes** [ ]   **No**

[ ]   **July 8-12:** [ ]   **General** [ ]   **Yes** [ ]   **No**

[ ]   **July 15-19:** [ ]   **General /** [ ]   **Teen:**      [ ]   **Yes** [ ]   **No**

[ ]   **July 22-26:** [ ]   **General /** [ ]   **Teen:**      [ ]   **Yes** [ ]   **No**

[ ]   **July 29-Aug 2:** [ ]   **General** [ ]   **Yes** [ ]   **No**

[ ]   **August 5-9:** [ ]   **General /** [ ]   **Teen:**      [ ]   **Yes** [ ]   **No**

[ ]   **August 12-16:** [ ]   **General /** [ ]   **Teen:**      [ ]   **Yes** [ ]   **No**

[ ]   **August 19-23:** [ ]   **General** [ ]   **Yes** [ ]   **No**

***Registration Fees & Down Payment:*** To secure your spaces within the Makoto Summer Program, you are 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 will be charged or withdrawn within 14 days of your enrollment. Fees are non-refundable or transferrable.

**Other Payment Matters:**

* Program fees must be paid via a Credit Card or Electronic Funds Transfer (EFT).
* Weekly payments will be charged/withdrawn the Friday prior to each week your child attends.
* If fees are not paid by the first day of the week attending, the youth will not be permitted to attend.
* Credits and refunds are not issued for cancellations, unexpected vacations or illness after **April 15, 2019**.

PAYMENT INFORMATION:

**CREDIT CARD**: Card #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WITHDRAWAL**: Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_





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MEDICAL INFORMATION:

**Name #1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P**hysician**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P**hone**:

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

[ ]  Asthma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Shortness of breath / fainting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Ear infection / dizziness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Convulsions / seizures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Heart trouble / murmur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Severe of frequent headaches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently taking any prescription drugs**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently taking any non-prescription drugs**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any drug allergies**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Any other medical or personal conditions Makoto should be aware of?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**Name #2:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P**hysician**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P**hone**:

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

[ ]  Asthma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Shortness of breath / fainting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Ear infection / dizziness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Convulsions / seizures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Heart trouble / murmur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Severe of frequent headaches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently taking any prescription drugs**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently taking any non-prescription drugs**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any drug allergies**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**Name #3:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P**hysician**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P**hone**:

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

[ ]  Asthma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Shortness of breath / fainting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Ear infection / dizziness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Convulsions / seizures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Heart trouble / murmur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Severe of frequent headaches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently taking any prescription drugs**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Currently taking any non-prescription drugs**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any drug allergies**? [ ]  No [ ]  Yes… \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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





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RELEASES & WAIVERS

In consideration of services to be received as a student of Makoto 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 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 receiving training on Makoto 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. The undersigned assumes all the risks inherent and incident to this type of training and sports activity as a condition for applying for admission to Makoto 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 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 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.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      /     /

 *(Electronic signatures are binding.)*

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| --- |
| TRANSPORTATION: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.AUTHORIZED ADULTS for PICK UP:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |