



SUPERMASTER KIM MARTIAL ARTS
2023 SUMMER CAMP PROGRAM

Student Name _____ Date of Birth ____/____/____ Age _____ (M / F)
 (First Name) (Last Name)
 Student Name _____ Date of Birth ____/____/____ Age _____ (M / F)
 (First Name) (Last Name)
 Student Name _____ Date of Birth ____/____/____ Age _____ (M / F)
 (First Name) (Last Name)

Camp Hours: 9:00am - 3:00pm

Early Drop Off: 8:00am (extra cost **\$25**/per week)

Late Pick Up: 4:00pm (extra cost **\$25**/per week)

Camper Rate: **\$225** per week (Additional Family Members Receive a 10% Discount)

Registration Fee: **\$95 per camper**

Camp Activities: Taekwondo – Poomsae, Sparring, Board Breaking, Self-Defense.
 Judo – Falling, Throwing, Choking, Bar, Pressure Techniques, Sparring.
 Tutoring for Next Grade (Math & English), Life Skills, Languages
 (Korean & Japanese), Science Experiments, Water Guns, Games, Crafts, and More!

Requirements: All campers must wear a camp t-shirt and bring their own snack, lunch, and water bottle.
 If a camper doesn't bring a studio t-shirt, we will provide one and charge the card on file.
 Please purchase the math & ELA book for your child's next grade (see final page).

CAMP WEEK SCHEDULE AND FEE

Please check the weeks campers will be attending *A.C = Aquatic Center

Weeks	Dates	Early Drop Off	Late Pick Up	Field Trip	Camp + Field Trip + Ex. Hours = Total
[] Week 1	06/05 – 06/09	Y / N	Y / N	A.C + Stone Mountain	\$ _____ + \$30 + \$ _____ = \$ _____
[] Week 2	06/12 – 06/16	Y / N	Y / N	A.C + Bricks 4 Kids	\$ _____ + \$35 + \$ _____ = \$ _____
[] Week 3	06/19 – 06/23	Y / N	Y / N	A.C + Tellus Science	\$ _____ + \$40 + \$ _____ = \$ _____
[] Week 4	06/26 – 06/30	Y / N	Y / N	A.C + ATL Falcons Tour	\$ _____ + \$45 + \$ _____ = \$ _____
[] Week 5	07/10 – 07/14	Y / N	Y / N	A.C + Extreme Hopp	\$ _____ + \$35 + \$ _____ = \$ _____
[] Week 6	07/17 – 07/21	Y / N	Y / N	A.C + Lego Land	\$ _____ + \$45 + \$ _____ = \$ _____
[] Week 7	07/24 – 07/28	Y / N	Y / N	A.C + Main Event	\$ _____ + \$45 + \$ _____ = \$ _____

Total Camp Fee \$ _____ Registration Fee \$ 95 x _____ = \$ _____

Deposit \$ _____ T-Shirts \$ 25 x _____ = \$ _____

(\$50 Per week)

Size (circle): CH XS / CH S / CH M / CH L / AD S / AD M / AD L

Today's Due \$ _____ (Deposit + Registration Fee + T-Shirts)

Payment Plan Information

(Camp fee will be charged every Friday prior to the camp week. Wednesday trips (\$25) will be charged the morning of).

(Visa, Master, Discover) _____ - _____ - _____ Exp ____/____

Security Code _____ Zip Code _____

Parent / Guardian Signature _____ Date _____



GENERAL INFORMATION:

Address _____
(Street) (Apt) (City) (State) (Zip)

Primary Phone _____ Email _____

PARENT / GUARDIAN INFORMATION:

Father's Name _____ Phone(C) _____
(First Name) (Last Name)

Father's Address _____
(if different from child's) (Street) (Apt) (City) (State) (Zip)

Mother's Name _____ Phone(C) _____
(First Name) (Last Name)

Mother's Address _____
(if different from child's) (Street) (Apt) (City) (State) (Zip)

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

Name _____ Phone _____
(First Name) (Last Name)

Relationship to Child _____

Name _____ Phone _____
(First Name) (Last Name)

Relationship to Child _____

PERSONS TO CONTACT IN THE CASE OF EMERGENCY WHEN PARENT OR GUARDIAN CANNOT BE REACHED:

Name _____ Phone _____
(First Name) (Last Name)

Name _____ Phone _____
(First Name) (Last Name)

MEDICAL INFORMATION:

LIST ANY MEDICAL INFORMATION (CONDITIONS, CONCERNS, ALLERGIES) WE NEED TO KNOW:

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT AND AUTHORIZATION:

Permission to Receive Emergency Medical Treatment and Transport to Medical Facility

I hereby give SUPERMASTER KIM MAA permission to administer basic first aid and/or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent / Guardian Signature _____ Date _____



LIABILITY WAIVER

My child has permission to participate in activities provided by Master Kim and SUPERMASTER KIM MAA. I acknowledge that my child must follow all the rules in order to participate. In the event that I cannot be reached in an emergency, I hereby authorize that medical/surgical treatment be administered to my child at my expense. I recognize and acknowledge there is a known risk of injury in the participation of Taekwondo and Judo. I assume all risks and hazards incidental to and inherent in participation in this program, except where an agency acted in reckless or gross negligence. I agree that SUPERMASTER KIM MAA, Master Kim, and all persons participating in the instruction of SUPERMASTER KIM MAA will not be held responsible for damages of injuries caused by use of or practice of any techniques presented in the classes. I hereby waive and release any claims that arise out of any decision to authorize medical/surgical treatment, and indemnify and hold harmless Master Kim and SUPERMASTER KIM MAA from claims of third parties arising out of the decision to authorize medical/surgical treatment. My signature certifies that I have read and understood this disclaimer, and all the program rules and regulations.

LOSS/DAMAGE/THEFT:

I understand Supermaster Kim MAA is not responsible for the loss, damage, or theft of any property belonging to the campers/students, and I agree not to make any claim for loss or damage against Supermaster Kim MAA, its agents, or employees.

FIELD TRIP AND TRANSPORTATION AUTHORIZATION

I give permission to SUPERMASTER KIM MAA and its employees to transport my child to and from special events and field trips during the summer/school break camp program. I also give permission to the staff and the Academy to bring my child on field trips to The Cumming Aquatic Center and any and all other trips that the staff decide to take. I understand that alternate trips may be taken or cancellations may occur due to weather and/or other factors. My child/children will be brought to SUPERMASTER KIM MAA and picked up by one of the persons specified on this form. I authorize transportation to and from my residence if needed.

By signing this form, I am allowing my child to be taken off the child care premises.

CAMPER DISCIPLINE POLICY

I understand in order for Supermaster Kim MAA to provide a safe and fun environment for campers, all campers are expected to behave with manners, self-discipline, and self-control. If my child does not exhibit acceptable behavior, respond to verbal requests, or is a constant disciplinary issue, I acknowledge that Supermaster Kim MAA may suspend my child from this camp and future camps.

DROP OFF & PICKUP FEES & POLICY

I understand that Supermaster Kim MAA is not staffed to provide child care before early drop off or after late pickup times and that there is an additional fee of \$25/week for early drop off and \$25/week for late pick up per camper. I agree to pay an additional fee of \$15 per camper for earlier/later pickup than what has been registered for as well as an additional \$15 per additional quarter hour. I also understand I am expected to bring my child to the door and pick them up by the door. I will not drop & drive.

SNACKS & LUNCH

I understand that each camper is expected to bring his/her own snacks, lunch, and water bottle and that Supermaster Kim MAA does not sell or pickup food, but will refill water bottles.

LICENSE EXEMPTION

I have been advised and understand that the program is not licensed and is not required to be licensed by the state.

Parent / Guardian Signature _____ Date _____

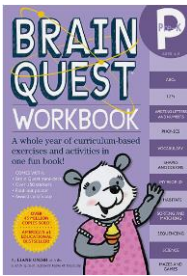
Authorized Staff Signature _____ Date _____

SUPERMASTER KIM MAA TUTOR TIME!

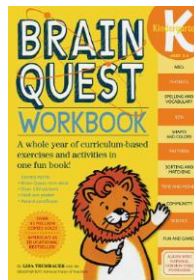
Each child must bring their next grade's Brain Quest Workbook.
We will read and learn together each day!



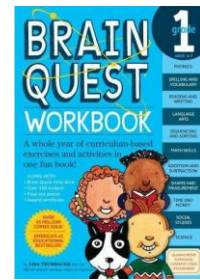
PRE-K



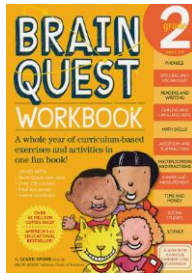
KINDERGARTEN



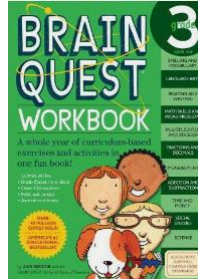
1ST GRADE



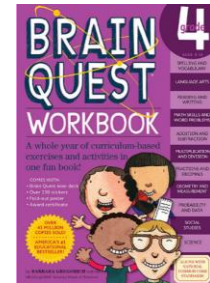
2ND GRADE



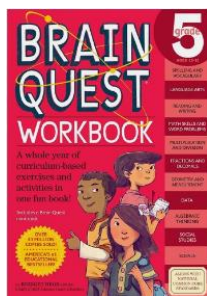
3RD GRADE



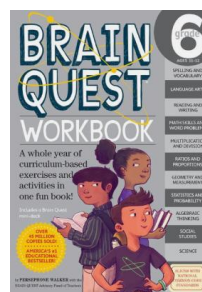
4TH GRADE



5TH GRADE



6TH GRADE



7TH GRADE

