

Duration

Week 1: July 05 – 09
 Week 2: July 12 – 16
 Week 3: July 19 – 23
 Week 4: July 26 - 30
 Week 5: August 03 – 06 ⇐ (**4-Day Week**)
 Week 6: August 09 – 13
 Week 7: August 16 – 20
 Week 8: August 23 – 27
 Week 9: August 30 – September 03

Options

Full-Week, Full-Days & Half-Days

Times

Full-Day: 9am- 4pm (Core Camp)
 Half-Day: AM 9am-1pm/ PM 12noon-4pm
 Extended care: 7:30am/4-6pm.

Camp Fee

Full-Week: \$280/Full-Day: \$70/Half-Day: \$50
 Extended Care: \$10 per Hour/\$15 per Day
 Junior Leaders (Ages 13-14) - **25% OFF!**
 (GST/HST - not included / Family discount available)

Staff

Highly Trained and Experienced Instructors
 Program Director: Master Michael Deh - B.A., 7th Dan
 ✓ 25 Great years in Etobicoke!

**“Promoting Discipline, Respect, Fun
 & Fitness Through Taekwondo
 Since 1985!”**

REGISTRATION FORM

Please circle preferred options

WK 1 Jul 05	WK 2 Jul 12	WK 3 Jul 19	WK 4 Jul 26	WK 5 Aug 03	WK 6 Aug 09	WK 7 Aug 16	WK 8 Aug 23	WK 9 Aug 30
FullWk	FullWk	FullWk	FullWk	FullWk	FullWk	FullWk	FullWk	FullWk
Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri
ExCare	ExCare	ExCare	ExCare	ExCare	ExCare	ExCare	ExCare	ExCare
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
FR - EN	FR - EN	FR - EN	FR - EN	FR - EN	FR - EN	FR - EN	FR - EN	FR - EN

Camper: _____ Boy Girl Age: ____ Yrs

Address: _____

Health Card #: _____ Letter Code: ____ Expiry Date: ____/____/____

Family Doctor: _____ Telephone: (____) ____ - ____

Parent/Guardian: _____ Relation: _____

Home Telephone: (____) ____ - ____ Work Telephone: (____) ____ - ____

Emergency Telephone: (____) ____ - ____ Contact Name: _____

Special Instructions: _____

Signature of Parent/Guardian: _____ Date: ____/____/____

PAYMENTS

• Full-Week/Full-Day/Half-Day (# of Days: ____) \$ _____

• Add Extended Hours: ____ Days @ \$ 15/day \$ _____

____ Hours @ \$ 10/hour \$ _____

Add GST/HST \$ _____

French **English**

Total Amount Due \$ _____

Payment Options: Cheque # _____ Credit M/C - VISA Debit Cash

(Please make cheques payable to **Etobicoke Taekwondo**. \$25 charge for all NSF cheques)

- DehCamp™ will not run with less than 10 campers/week. Cancelled weeks to be fully refunded.
- Inform us ASAP to cancel a week (the week before), a day or a half-day (the day before).
- A \$60 administration fee will apply to any Full Week cancellations before July 5, 2010.
- There will be **absolutely no refunds after DehCamp™ starts on July 5, 2010.**
- Cancellation due to an emergency can be made-up only during DehCamp™ in 2010.

Physical Activity Readiness Questionnaire & Waiver

Please read carefully and ✓ appropriate answer.

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any health problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you aware of any reason why your child should not participate in any physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have a bone, muscle or joint problem that could be aggravated by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child experience chest pains, dizziness, loss of balance or loss of consciousness as a result of physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child have any allergies? Please specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your child carry an allergic reaction antidote like EPI PEN?
Please specify: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your child currently on any type of medication? |

I _____ recognize that a risk of injury may be involved in participating in DehCamp.™ I further understand that each child has a different capacity for participation in physical activity, and that potential health risks such as, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea may be experienced.

- I willingly assume full responsibility for such risks of injury and of health.
- I release and forever discharge Etobicoke Taekwondo/DehCamp,™ it's directors, staff, volunteers and members, from all causes of actions, damages, claims, loss or injury of any nature and kind arising as a result of my child's participation in DehCamp.™
- I authorize the provision of emergency medical services by a qualified medical practitioner, if deemed necessary, and transportation to a hospital if need be.
- I authorise Etobicoke Taekwondo/Deh Camp™ to use testimonials, photos or video images of my child in DehCamp™ brochures and other advertising.
- I certify that I am authorized to sign this form without the consent of any other person.
- I declare that I have read, understood and agreed to the contents of this Physical Activity Readiness Questionnaire and Waiver.

SIGNATURE: _____ DATE: ____/____/____

Must be signed by a parent or legal guardian 18 years of age or older

DehCamp™ Summer 2010



English & French

- ✓ Award-Winning Program
- ✓ Unique Character Education
- ✓ All Day Conversational French
- ✓ Safe & Secure Learning Environment
- ✓ Physical Fitness & Taekwondo
- ✓ Self-Defense & Bully Busting
- ✓ Sports, Video & Board Games
- ✓ Movies, Swimming, Arts & Crafts
- ✓ Kids 4-12 Years/Teens 13-15 Years

Please Join Us:

Etobicoke Taekwondo/DehCamp™

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