

Duration

Week 1: July 04 – 08
 Week 2: July 11 – 15
 Week 3: July 18 – 22
 Week 4: July 25 - 29
 Week 5: August 02 – 05 ◀ (**4-Day Week**)
 Week 6: August 08 – 12
 Week 7: August 15 – 19
 Week 8: August 22 – 26
 Week 9: August 29 – September 02
 (Week 9 will only be added based on adequate demand)

Options

Full-Week 🎵 Full-Days 🎵 Half-Days 🎵 Before/After Care

Times

Full-Day: 9am- 4pm (Core Camp)
 Half-Day: AM 9am - 1pm/ PM 12noon - 4pm
 Extended care: 7:30 – 9am/4 – 5:30pm

Camp Fee

Full-Week: \$249/Full-Day: \$62/Half-Day: \$44
 Extended Care: \$10 per Hour/\$20 per Day
 Campers: 4 - 12 Years
 Junior Leaders: 13 & 14 Years - **15% OFF!**
 Senior Leaders: 15 & 16 Years - **No Charge**
 (13% HST not included • Family discount available)

Staff

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

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

REGISTRATION FORM

(Please circle preferred options)

WK 1 Jul 04	WK 2 Jul 11	WK 3 Jul 18	WK 4 Jul 25	WK 5 Aug 02	WK 6 Aug 8	WK 7 Aug 15	WK 8 Aug 22
FullWk	FullWk	FullWk	FullWk	FullWk	FullWk	FullWk	FullWk
Mon	Mon	Mon	Mon	■	Mon	Mon	Mon
Tues	Tues	Tues	Tues	Tues	Tues	Tues	Tues
Wed	Wed	Wed	Wed	Wed	Wed	Wed	Wed
Thur	Thur	Thur	Thur	Thur	Thur	Thur	Thur
Fri	Fri	Fri	Fri	Fri	Fri	Fri	Fri
ExCare	ExCare	ExCare	ExCare	ExCare	ExCare	ExCare	ExCare
AM	AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM	PM

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 @ \$ 20/day \$ _____

_____ Hours @ \$ 10/hour \$ _____

Yes, I am interested in Add 13% HST \$ _____

Week 9 Initial: ____ ◀ Total Amount Due \$ _____

Payment: Cheque # _____ Credit Debit Cash

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

- Space limited, **register early**. Early-Bird registration – **10%OFF (Expires April 01, 2011)**.
- DehCamp™ will not run with less than 10 campers. Cancelled weeks will 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 04, 2011.
- There will be **absolutely no refunds after DehCamp™ starts on July 04, 2011**.
- Cancellation due to an emergency may be made-up only during DehCamp™ in 2011.

Physical Activity Readiness Questionnaire & Waiver

Please read carefully and ✓ appropriate answer.

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <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 need to carry an EPI PEN? |
| <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 2011



- ✓ Award-Winning Program
- ✓ Unique Character Education
- ✓ Safe & Secure Learning Environment
- ✓ Physical Fitness & Taekwondo
- ✓ Self-Defense & Bully Busting
- ✓ Sports, Video & Board Games
- ✓ Movies, Swimming, Arts & Crafts
- ✓ Kids 4–12 Years
- ✓ Teens 13-16 Years
(Serve High School Community Hours)

Please Join Us:

Etobicoke Taekwondo/DehCamp
100 Advance Road, Etobicoke ON, M8Z 2T7

416-236-5578

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[e-mail: info@taekwondoit.com](mailto:info@taekwondoit.com)

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