

# Duration

March 14 – 18, 2011

# 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: 8-9am/4-5pm*

# Camp Fee

Full-Week: \$249/Full-Day: \$62/Half-Day: \$44

Extended Care: \$10 per Hour/\$15 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., 7<sup>th</sup> Dan

✓ 26 Great years in Etobicoke!

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

## REGISTRATION FORM

(Please check ✓ preferred options)

Monday	Tuesday	Wednesday	Thursday	Friday
Full-Day <input type="checkbox"/>	Full-Day <input type="checkbox"/>	Full-Day <input type="checkbox"/>	Full-Day <input type="checkbox"/>	Full-Day <input type="checkbox"/>
Half-Day <input type="checkbox"/>	Half-Day <input type="checkbox"/>	Half-Day <input type="checkbox"/>	Half-Day <input type="checkbox"/>	Half-Day <input type="checkbox"/>
Before/After AM <input type="checkbox"/> PM <input type="checkbox"/>	Before/After AM <input type="checkbox"/> PM <input type="checkbox"/>	Before/After AM <input type="checkbox"/> PM <input type="checkbox"/>	Before/After AM <input type="checkbox"/> PM <input type="checkbox"/>	Before/After AM <input type="checkbox"/> PM <input type="checkbox"/>

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 \$ \_\_\_\_\_

#### Payment Options:

Credit/Debit  Cash

Cheque  # \_\_\_\_\_

\_\_\_\_\_ Hours @ \$ 10/hour \$ \_\_\_\_\_

Add 13% GST \$ \_\_\_\_\_

**Total Amount Due \$ \_\_\_\_\_**

• (Cheques payable to Etobicoke Taekwondo. A \$25 charge for NSF cheques)

### NOTES

- Limited spaces available so please register by Saturday February 11, 2011
- Please let us know ASAP if you will not attend Deh Camp after you have registered
- Cancel by March 11, 2011 if you wish to have part of your fee refunded
- Please give us 24 hours notice if you wish to cancel a day or half-day registration
- A \$62 administration fee plus 13% HST will apply to a full week cancellation
- A \$25 administration fee plus 13% HST will apply to a day or half-day cancellation
- Regrettably, no refunds will be issued for full week registrations after March 14, 2011
- There will be no refund for any camp registration handed in March 14 – 17, 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™

## March Break 2011



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

*Please Join Us:*

## Etobicoke Taekwondo/DehCamp™

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# 416-236-5578

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