

## Duration

\*\*\***(6 Weeks Only)**\*\*\*

Week 1: July 17 – 21  
 Week 2: July 24 – 28  
 Week 3: July 31 – August 4

\*\*\***(CLOSED AUGUST 7 – 11)**\*\*\*

Week 4: August 14 – 18  
 Week 5: August 21 – 25  
 Week 6: August 28 – September 1

## Options

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

## Times

Full-Day: 9am- 4pm (Core Camp)  
 Extended care: 8-9am / 4-6pm

## Camp Fee

Full-Week: \$299  
 Full-Day: \$75  
 Extended Care: \$15 per Hour/\$25 per Day  
 Junior Leaders: 13 & 14 Years - **50% OFF!**  
 (13% HST not included • Family discount available)

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

## REGISTRATION FORM

(Please circle preferred options)

WK 1 Jul 17	WK 2 Jul 24	WK 3 Jul 31	WK 4 Aug 14	WK 5 Aug 21	WK 6 Aug 28
<b>FullWeek</b>	<b>FullWeek</b>	<b>FullWeek</b>	<b>FullWeek</b>	<b>FullWeek</b>	<b>FullWeek</b>
Mon	Mon	Mon	Mon	Mon	Mon
Tues	Tues	Tues	Tues	Tues	Tues
Wed	Wed	Wed	Wed	Wed	Wed
Thur	Thur	Thur	Thur	Thur	Thur
Fri	Fri	Fri	Fri	Fri	Fri
<b>ExCare AM-PM</b>	<b>ExCare AM-PM</b>	<b>ExCare AM-PM</b>	<b>ExCare AM-PM</b>	<b>ExCare AM-PM</b>	<b>ExCare AM-PM</b>

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 (# of Days: \_\_\_\_\_) \$ \_\_\_\_\_
- Add Extended Hours: \_\_\_\_\_ Days @ \$ 25/day \$ \_\_\_\_\_  
 \_\_\_\_\_ Hours @ \$ 15/hour \$ \_\_\_\_\_
- Add 13% HST \$ \_\_\_\_\_

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

**Payment Options:** Cheque  # \_\_\_\_\_ Credit  Debit  Cash   
 (Please make cheques payable to **Etobicoke Taekwondo**. \$25 charge for all NSF cheques)

- **REGISTRATION DEADLINE JUNE 03, 2023**
- DehCamp™ will not run with less than 10 campers. Cancelled weeks will be fully refunded.
- Inform us to cancel a week **the week before**, cancel a day **the day before**.
- A **\$60 administration fee will apply** to any **Full Week cancellations** before July 17, 2023.
- There will be **absolutely no refunds after** DehCamp™ starts **July 17, 2023**.
- Cancellations may be made-up during DehCamp 2023 or converted to other ETKD Programs.

# 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**

2023

# DehCamp™

## Summer 2023



- ✓ Award-Winning Program
  - ✓ Unique Character Education
  - ✓ Safe & Secure Learning Environment
  - ✓ Physical Fitness & Taekwondo
    - ✓ Sports, Board Games
  - ✓ Movies, Swimming, Arts & Crafts
    - ✓ Campers 4–12 Years
    - ✓ Leaders 13 & 14 Years
- (Serve High School Community Hours)

*Please Join Us:*

## Etobicoke Taekwondo & DehCamp™

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# 416-236-5578

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