

March Break

March 13 – 17, 2023

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

Options/Times

Full-Day: 9am – 3:30pm (Core Camp)

Before/After Care: 8 - 9am/4 - 6pm

Camp Fees

● 13% HST not included ● Family Discount available

● **Full-Week: \$299** ● **Full-Day: \$75**

● **After Care: \$10/Hr (8-9am), \$15 (4-6pm), \$20/Day**

Campers

(Please check ✓ option)

Campers: 4 - 12 Years

Leaders: 13 - 15 Years

**** (High School Community Hours Available Here) ****

Staff

Qualified • Experienced • Passionate

**“Promoting Fun, Fitness &
Discipline 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"/>
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 (# of Days: ___) \$ _____

Full Day Ext. Hours: ___ Days @ \$20/day (AM/PM) \$ _____

Payment Options:

Credit/Debit Cash _____ Days @ \$10_(AM) / \$15_(PM) \$ _____

Cheque # _____ Add 13% HST \$ _____

Total Due \$ _____

Cheque Payable to Etobicoke Taekwondo & Deh Camp. \$25 NSF charge.

IMPORTANT NOTES:

- REGISTRATION DEADLINE: SATURDAY, MARCH 4, 2023.
- SORRY, WE DO NOT ISSUE REFUNDS.
- A FUTURE CREDIT MAY APPLY IF PLANS CHANGE AND A CAMPER IS UNABLE TO ATTEND. PLEASE PROVIDE A REASON.

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 Asthma? Need a puffer? ____ (Please ✓)
<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 Deh Camp.™ 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 to my child.
- 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 Deh Camp.™
- I authorize the provision of emergency First Aid by qualified staff, that of 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 Deh Camp™ brochures, signs or online 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/legal guardian 18 years or older.

March Break 2023



- Kids 4 - 12 Years
- Leaders 13 - 15 Years
- Fun, Safe & Secure Environment
 - Award-Winning Program
- For Confidence, Discipline, Fitness
 - Learn to Love Taekwondo
 - Enjoy Arts & Crafts & Movies
 - Play Sports & Games

Please Join Us:

Etobicoke Taekwondo & Deh Camp™ An After-School Shuttle Program

100 Advance Road, Etobicoke ON, M8Z 2T7

416-236-5578

website: www.taekwondoit.com

e-mail: mkwamedeh@gmail.com

