

# March Break

**March 11 – 15, 2024**

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

## Options/Times

**Full-Day: 9am – 4pm (Core Camp)**

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

## Camp Fees

● 13% HST not included ● Family Discount available

● **Full-Week: \$349** ● **Full-Day: \$88**

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

## Campers

*(Please check ✓ option)*

**Campers: 4 - 12 Years**

**Jnr. Leaders: 13+ Years**

**\*\* (Get Your High School Community Hours 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<sub>(AM)</sub> / \$15<sub>(PM)</sub> \$ \_\_\_\_\_

Cheque  # \_\_\_\_\_ Add 13% HST \$ \_\_\_\_\_

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

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

### IMPORTANT NOTES:

- REGISTRATION DEADLINE: SATURDAY, FEBRUARY 24, 2024.
- 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 2024



- Kids 4 - 12 Years
- Jr. Leaders 13+ 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](http://www.taekwondoit.com)

e-mail: [mkwamedeh@gmail.com](mailto:mkwamedeh@gmail.com)

