

Duration

*****(5 Weeks Only)*****

Week 1: August 4 - 7 (4-Days)

Week 2: August 10 - 14

Week 3: August 17 - 21

Week 4: August 24 - 28

Week 5: August 31 - September 4

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: \$385

Full-Day: \$96

Extended Care: \$15 per Hour/\$25 per Day

(13% HST not included • Family discount available)

**“Promoting Positive Values, Discipline,
Fun Activities, Mindfulness, Respect
Fitness & Taekwondo”**

Since 1985!

REGISTRATION FORM

(Please circle preferred options)

WK 1 Aug 04	WK 2 Aug 10	WK 3 Aug 17	WK 4 Aug 24	WK 5 Aug 31
Full Wk	Full Wk	Full Wk	Full Wk	Full Wk
Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri
ExCare AM-PM	ExCare AM-PM	ExCare AM-PM	ExCare AM-PM	ExCare AM-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 (# of Days: _____) \$ _____

Add Extended Hours: _____ Days @ \$ 25/day \$ _____

_____ Hours @ \$ 15/hour \$ _____

Add 13% HST \$ _____

Total Amount Due \$ _____

Payment Options: Credit Debit Cash e-transfer to michael.deh@bellnet.ca

Cheque # _____ payable to: **Etobicoke Taekwondo/Deh Camp.** (\$50 charge for NSF cheques)

Please Read Carefully

- **EARLY BIRD REGISTRATION DEADLINE: APRIL 30, 2026 *10% OFF***
- We understand plans change and you may need to alter or cancel your camp registration
- Changing weeks is permitted at no extra charge. Please request your change in writing.
- If you must cancel your registration, please do so in writing, providing your reason(s).
- In extenuating circumstances, we may make-up a week or day, or give you a credit towards other ETKD Programs **in 2026.**
- **NO REFUNDS UNDER ANY CIRCUMSTANCES AFTER REGISTRATI ON. THANK YOU!**

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.

Activity Readiness Questionnaire and Waiver.

- 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 online (social media) 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 2026



- ✓ 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™

100 Advance Road, Etobicoke ON, M8Z 2T7

416-236-5578

website: www.taekwondoit.com

e-mail: mkwamedeh@gmail.com

