



KIMSUSA

**2012-13 HOLIDAY CAMP
REGISTRATION FORM**
2150 Willow Grove Dr. Lewisville, TX 75067
Phone (972) 315-1103 Fax (972) 315-7514



_____	Birth Date ___/___/___	Age _____
Students Name		
_____	Birth Date ___/___/___	Age _____
Students Name		
_____	Birth Date ___/___/___	Age _____
Students Name		

_____	Relationship _____
Primary Contact	
(_____) _____	(_____) _____
Home Phone	Work Phone
(_____) _____	@ _____
Mobile Phone	Email Address
Address _____	City _____ Zip _____
_____	Relationship _____
Alternate Contact	
(_____) _____	(_____) _____
Home Phone	Work Phone
(_____) _____	@ _____
Mobile Phone	Email Address

CHECK DATES YOUR CHILD WILL BE ATTENDING	Rate Information
NOVEMBER	November Session Rate: \$99
MON - Nov 19	Full Day Drop In: \$50
TUE – Nov 20	Half Day Drop In: \$35
WED – Nov 21	Sibling Discount: \$10 off
JANUARY	
WED – Jan 2	
THU – Jan 3	
FRI – Jan 4	

Waiver - Medical Release – Parent Agreement

WAIVER - I, the PARENT, of _____ / _____ / _____ understand and agree that the strict observation of the rules and regulations relative to training, including the use of protective equipment, is required and that the use of the facilities and the Member's presence at KIMS USA LLC., KIMS TKD LLC. are the sole risk of the Member. It is understood and agreed by the Member that martial arts and gymnastics involves defensive and offensive skills and training which include violent and sudden movements and that in connection with the training and instruction sessions, there will physical contact between instructors and Members and among the Members themselves and that contact may result in personal injury despite the best intentions and the following precautions. The member agrees that KIMS USA LLC., KIMS TKD LLC. and its instructors, agents, employees, operators, and authorized representatives, shall not be responsible for and are hereby released from any liability, claim, loss, including loss of property, damage, personal injury, or expense incurred by the Member or anyone claiming through a Member, or related to any activity connected with KIMS USA Center, but not limited to, any caused negligence or gross negligence of KIMS USA LLC., KIMS TKD LLC. or its instructors, Members, agents, employees, operators, or authorized agents. **MEDICAL RELEASE** - In the event that I am not present and my child is in need of emergency medical treatment, I hereby give my consent to the program director of KIMSUSA center to obtain emergency medical treatment for my child. I understand and agree that KIMSUSA CENTER 2012-13 Holiday Camp dismisses at 5:00 pm. **PARENT AGREEMENT** - I understand and agree that KIMSUSA CENTER 2012 Holiday Camp director must be notified by 9:00 am if my child will not be attending on a scheduled date. I understand and agree that KIMSUSA CENTER 2012-13 Holiday Camp will not serve snacks or lunch. I understand and agree that KIMSUSA CENTER 2012-13 Holiday Camp will be transporting my child to and from the KIMSUSA CENTER to field trip destinations and will not be responsible for any damage of loss during these times. I understand and agree that KIMSUSA CENTER 2011 Holiday Camp schedule can change to the discretion of the Program director.

Parent Signature: _____ Date: _____