THE ABBOTTS BRIDGE DOJO

5075 Abbotts Bridge Road Johns Creek, GA 30005

Phone: (678) 417-7780

AbbottsBridge@TeamDojo.com

Day Camp/Activities Hours: 9:00am to 3:00pm Monday thru Friday
FREE Extended Care: 8:00am to 9:00am Monday thru Friday
3:00pm to 6:00pm Monday thru Friday

Name of Camper: _____

Name of Camper: _____

Name of Camper: _____

Please check the desired sessions:

☐ ~~Spring Break Camp~~	~~April 6th~~		~~April 10th~~	
☐ ~~Session 1~~	~~May 26th (Tues.)~~		~~May 29th~~	Session Full
☐ ~~Session 2~~	~~June 1st~~		~~June 5th~~	Session Full
☐ ~~Session 3~~	~~June 8th~~		~~June 12th~~	Session Full
☐ ~~Session 4~~	~~June 15th~~		~~June 19th~~	Session Full
☐ ~~Session 5~~	~~June 22nd~~		~~June 26th~~	Session Full
☐ Session 6	July 6th	–	July 10th	
☐ ~~Session 7~~	~~July 13th~~		~~July 17th~~	Session Full
☐ ~~Session 8~~	~~July 20th~~		~~July 24th~~	Session Full
☐ ~~Session 9~~	~~July 27th~~		~~July 31st~~	Session Full
☐ Fall Break Camp	Sept. 21st	–	Sept. 25th	

Dojo Summer Campers ***$50 non-refundable deposit required per weekly session per camper**

	Weekly Tuition Full Day	Number of weeks	Total tuition	Less Deposit	Balance Due
Camper #1	$220.00	X	=	-	=
Camper #2	$220.00	X	=	-	=
Camper #3	$220.00	X	=	-	=
				Balance Due	=

Payment method:

Visa, M/C, AMEX, or Discover Card # _____ _____ _____ _____

Name on Card: _____

Exp. Date: _____ CIV: _____ Signature: _____

(Authorization to charge to credit card)

Camper Name: _____ **Age:** _____ **Date of Birth:** ____ / ____ / ____

Camper Name: _____ **Age:** _____ **Date of Birth:** ____ / ____ / ____

Camper Name: _____ **Age:** _____ **Date of Birth:** ____ / ____ / ____

Address: _____
Street and number City Zip

Father/Male Guardian: _____

Cell Phone: _____ Email: _____

Mother/Female Guardian: _____

Cell Phone: _____ Email: _____

Additional Emergency Contacts (other than Parents/Guardians)

Name: _____ Relationship: _____

Cell Phone: _____

Email: _____

Name: _____ Relationship: _____

Cell Phone: _____

Email: _____

The following people are authorized to pick up the camper(s) in addition to the mother and father listed above.

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

Allergies (list all information necessary for us to care for your child):

_____

_____

Special Needs (list all information necessary for us to meet your child's needs):

_____

_____

Health Insurance Information for use in the event of a medical emergency:

Primary Care Physician: _____

Name: _____ Phone #: _____

Address: _____

Insurance or HMO information (Please attach a copy of the front and back of your HMO card):

Provider name: _____ (ex. Prucare HMO)

Policy Holder's Name: _____ (the Insured Parent's Name)

Policy Number: _____

Group Number: _____

Member services phone number: _____

Medications Required Yes or No (please circle):

Please provide detailed instructions for administering medications on this form. Medications should be provided in labeled and pre-measured dispensers.

_____

_____

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Camp Liability Release Form

Camper's Names:_____

I certify that, in advance of participation in the program identified herein, I have received any and all information, which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. In consideration for D&S Martial Arts, LLC (d/b/a The Dojo American Karate Centers and referred to herein as "THE DOJO") allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such activity or program. I further agree to indemnify and hold harmless, THE DOJO, its successors, assigns, agents, employees or volunteers from & against all liability, claims, damage or expenses which my child/ward have or may have arising out of or related to his/her participation in this program, including death, personal injury or property damage or loss of any kind, whether caused by the act of omission of THE DOJO, myself, my child/ward, or others.

I also hereby authorize THE DOJO or its authorized designee in charge of the activity described herein to secure emergency medical treatment necessary to treat any bodily injury, condition or affliction to my child/ward including but not limited to first aid, CPR, admission to any hospital, test, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in Georgia. I understand that reasonable attempts will be made to contact me prior to securing such treatment for my child/ward; nevertheless, this authorization shall give THE DOJO or its authorized designee permission to secure such treatment should such attempts at contact fail. I further acknowledge that any medical treatment ordered under these conditions will be my financial responsibility & not that of THE DOJO or any of its agents, volunteers or employees.

I also give permission for use of any photos or videos taken of my child during this camp for THE DOJO promotional purposes only, and without compensation.

COVID-19 Addendum to the Liability Release

Pertaining specifically to COVID-19 also known as Coronavirus: Members, and Member Representative, if a Minor, hereby agrees to hold harmless, release, indemnify and forever discharge The Dojo American Karate Center (also known as D & S Martial Arts, LLC), its officers, directors and employees, instructors, agents and authorized representatives from any liability, claim or loss, due to exposure, personal illness up to and including death, and associated medical expenses incurred by the Member or Member Representative arising from participation in any program offered by The Dojo American Karate Center. The Member and/or Member Representative specifically understands and agrees that he/she is assuming the risk of any and all exposure to the COVID-19 virus as a result of his/her participation of any program offered by The Dojo American Karate Center.

By signing below, I hereby affirm that I have read completely and fully understand the above statements. I further affirm that I agree and consent to the above terms of the liability release.

Signature of Parent/Guardian: _____ Date: _____