

2025 Sohn's Agape Taekwondo Summer Camp

Join us this year for an action-packed summer of endless fun activities and learning immersed in Taekwondo. Your child will have fun with activities including Taekwondo & self defence, arts & crafts, STEM activities, outdoor activities, sports and more! We will enjoy weekly field trips to various place including:

- *Canada's Wonderland*
- *Movie Theatre*
- *Kids Indoor Playgrounds*
- *Waterparks*
- *AND MORE!*



July 2nd to July 29th

Drop off 8:40 AM - 9:00 AM

Pick up 3:40 PM - 4:00 PM

Early drop off and late pick up available at additional costs

Early Bird Special Rate

Registration & payment before May 31st

\$330.00/week (plus tax)

Regular Price

\$360.00/week (plus tax)

**Excursion fees, snacks, and lunches are not included*

Registration Form

For the online registration form, please go to: <https://forms.gle/XxAoKvB9Xww5fRN6>

| | | | |
|---|---------------------|------------------------|-------------|
| Child's Full Name | | | |
| Address | | | |
| Birthdate | | Grade | |
| Sex | M F | Current Tetanus | Yes No |
| Parent/Guardian Name | | | |
| Contact Information | Cell | | |
| | Email | | |
| Emergency Contact | Name | | |
| | Phone Number | | |
| Special Medical Conditions (i.e., allergies, asthma) | | | |
| Disabilities and/or other considerations | | | |
| OHIP | | | |

| | |
|---|--|
| <u>Camp Options & Details</u> <i>Minimum of 2 weeks are required</i> <input type="checkbox"/> Week 1: July 2nd - July 4th <input type="checkbox"/> Week 2: July 8th - July 11th <input type="checkbox"/> Week 3: July 15th - July 18th <input type="checkbox"/> Week 4: July 22nd - July 25th | <u>Payment Method</u> <input type="checkbox"/> E-Transfer <input type="checkbox"/> Cheque <input type="checkbox"/> Debit Card (office) |
|---|--|

Waiver Signature Form

I hereby certify that my child is in good health and has my permission to participate in Sohn's Agape Taekwondo Summer Camp Program. I also give permission for my child to receive any diagnostic, therapeutic and/or operative procedures as deemed necessary if emergency treatment is required and I cannot be reached. Furthermore, I realize that this sport involves the potential for injury even with the use of protective equipment and adhering to all safety rules. Refund: All refunds must be requested in person, accompanied by a written refund request. No refunds shall be given after the first day of the program. By signing this assumption of risk liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms. Furthermore, I agree to allow the recording of my child's photo and/or video, and the usage and distribution of images and recording in any medium.

Signature of Parent/Guardian: _____

Date: ____/____/2024
DD MM