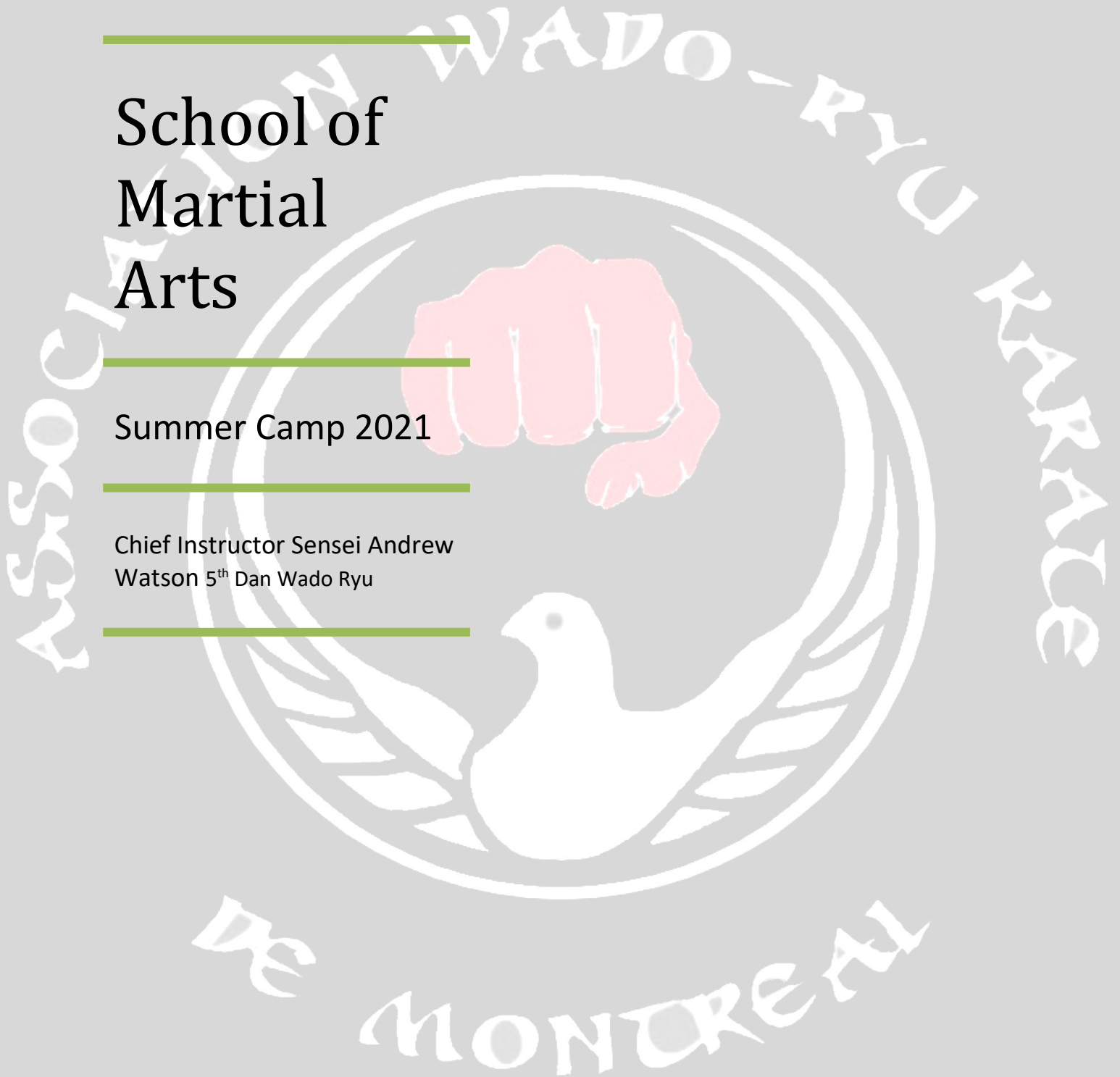

School of Martial Arts

Summer Camp 2021

Chief Instructor Sensei Andrew
Watson 5th Dan Wado Ryu



MWRA SUMMER CAMP

REGISTRATION & CONTRACT 2021

School of Martial Arts and Sports

5022 Cavendish Boulevard Montreal Quebec H4V 2R3

514-229-5513

MWRA SUMMER CAMP REGISTRATION & CONTRACT

Please complete this form and e-mail to us at montrealwadoryuassociation@gmail.com together with payment made before camp dates chosen.

Payment

Please understand that your child is not officially enrolled in their week(s) of choice until we receive payment in full for total number of weeks.

All outings are inclusive in the tuition fees.

We accept **cheques** (made payable to Montreal Wado Ryu Association) **cash** or **e-Transfer** at montrealwadoryuassociation@gmail.com

Tax credit receipts will be issued.

Tuition

Tuition is due by the 1st day of the month that your camp week falls. Example: If you wish to sign up for July 12th-16th, your full tuition is due by July 5.

Full Day Camps = \$300 per week

Early Drop offs = \$15 per week

Late Pick ups = \$15 per week

Both Early & Late = \$20 per week.

Policy on withdrawal, last minute drop outs, missed days, etc:

When signing up for summer camp in advance it is important that you notify us with at least 15 days notice of change to your schedule. We allow a small number of children in our camps; therefore, last minute cancellations really affect our ability to run our program optimally.

MWRA SUMMER CAMP

REGISTRATION & CONTRACT 2021

Likewise, dropping out with no notice, or registering then not attending, cannot be refunded. In any event of no shows, cancellation, etc... **MWRA** will hold you financially responsible for all camp tuition owed until/unless we can find suitable replacement camper(s).

Also, if your child misses a day(s) of camp, please understand that we are happy to work with you/our schedule to make up those day(s) but again, we cannot guarantee space available.

Campers may bring electronic devices BUT ARE NOT ALLOWED TO OPERATE THEM during camp hours; all devices including phones, Ipads need to be switched off.

Dismissal

MWRA has a philosophy of self-discipline, respect and safety. **MWRA** expects, respectful, safe and gentle behavior at all times. Given the nature of this expectation, children with a disclosed or undisclosed behavioral difficulty, children displaying unacceptable behavior, or cannot perform to these standards while attending **MWRA**, will be dismissed early, suspended or expelled. Children who are dismissed early, suspended or expelled for any reason are not entitled to a refund or credit or release from financial obligations.

Please specify your choices for camp weeks by bubbling in the appropriate camp weeks and listing the Camper's Name.

Camp starts 28th June and ends 3rd September 2021

Remember that early drop off or late pick up can be arranged for a small fee!

28th June – 2nd July

o Full Day Camp (10:00am-3:00pm))

Camper's Name: _____

July 5th - July 9th

o Full Day Camp (10:00am – 3:00pm)

Camper's Name: _____

MWRA SUMMER CAMP

REGISTRATION & CONTRACT 2021

July 12th – July 16th

o Full Day Camp (10:00am-3:00pm)

Camper's Name: _____

July 19th – July 23rd

o Full Day Camp (10:00am-3:00pm)

Camper's Name: _____

July 26th – July 30th

o Full Day Camp (10:00am-3:00pm)

Camper's Name: _____

August 2nd – August 6th

o Full Day Camp (10am:00-3:00pm)

Camper's Name: _____

August 9th – August 13th

o Full Day Camp (10:00am-3:00pm)

Camper's Name: _____

August 16th – August 20th

o Full Day Camp (10:00-3:00pm)

Camper's Name: _____

MWRA SUMMER CAMP

REGISTRATION & CONTRACT 2021

August 23rd – August 27th

o Full Day Camp (10:00am-3:00pm)

Camper's Name: _____

Parent/Legal Guardian Information (PRINT):

Full Name: _____

☐ Home Phone: _____

☐ Mobile Phone: _____

☐ Work Phone: _____

☐ E-mail: _____

Occupation: _____

***Please include the best method to reach you during camp!**

Home Address Street City Postal Code

Billing Address Street City Postal Code

**People (other than parents) authorized to pick up your child at any time during camp.
Is there anyone NOT authorized?**

2nd Parent/Applicant information (PRINT):

Full Name: _____

☐ Home Phone: _____

☐ Mobile Phone: _____

☐ Work Phone: _____

☐ E-mail: _____

***Please include the best method to reach you during camp!**

***Please only include names of children for which you are the legal guardian.**

MWRA SUMMER CAMP

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Camper(s) Information

Full Name - Nickname - Birth Date (yyyy,m,d) - Grade or Age in June 2021

T-shirt Size (youth)

Child #1: S M L XL

Child #2: S M L XL

Child #3: S M L XL

Please Read & Sign:

I, the parent or legal guardian, hereby authorize **MWRA** to act for me according to their best judgment in any emergency requiring medical attention for the child or children named above. In addition, I give permission to **MWRA** staff to begin CPR if deemed needed. I understand it is my responsibility to provide accident and health coverage for the child or children named above while they are attending **MWRA** Summer Camp. I also authorize the child or children named above to participate in all **MWRA** indoor and outdoor activities. Undisclosed behavioural issues that my child or children have may cause their dismissal from the program. In this case I realize I'm not eligible for a refund. I will not hold **MWRA** liable for common accidents that happen involving my child(ren), while in **MWRA** care. I agree that photos and/or video of my child or children named above may be used by **MWRA** for marketing purposes. Your signature conveys agreement with all **MWRA policies**, written, posted and verbal and that you will be an ethical, considerate parent who lavishes heaps of appreciation upon your child's caregivers who work for praise and leftover cookies.

In Case of illness or injury please list your local emergency contact's names & best phone numbers to reach them:

1.

2.

Parent/Legal Guardian Signature: _____ Date: _____

(Print Name): _____

MWRA SUMMER CAMP

REGISTRATION & CONTRACT 2021

Health Information

Medicare Number (please provide photocopy of card):

Medicare Expiry Date:

Child's Primary Care Physician & Phone #:

Medication Allergies:

Food Allergies or Restrictions:

Other Allergies or Conditions:

Medications your child is presently taking:

Known or suspected behavioural, mental or developmental conditions:

Comments or other things we should know: