



2019 SPRINGBREAK CAMP



Monday, March 25th thru Friday, March 29th

Half Day 8:30am-12:30pm * Full Day 8:30am-4:00pm

FULL WEEK & HALF DAY CAMP **Ages 5 and Up**



**50%
DISCOUNT FOR
Additional
Family
Members**



Stetson Hills Location

Corner of Stetson Hills & Powers
5799 Stetson Hills Blvd.
719-424-4800

**You do not
have to be a taekwondo
student to attend
our camps!**

\$115 HALF DAY
50% off EACH
ADD'L SIBLING

\$200 FULL DAY
50% off EACH
ADD'L SIBLING

Registration Fee: \$25

REGISTRATION DEADLINE: FRIDAY, MARCH 22ND

Early Bird Special

No Registration Fee If Registered
by Friday, MARCH 15th

SAVE \$25

Camp includes uniform (for non-students), instruction, graduation ceremony,
camp certificate, and snacks. Full day students bring their own lunch.

PLEASE NO NUTS

**Call Today To Reserve Your Space! Registration forms can also be
downloaded on our website. Spaces are limited to 40 campers per location.
Must have 15 registered campers to hold camp.**

www.FamilyBlackBelt.com



USTC Spring Break Camp – March 25-29, 2019

Dear Parents,

We are very excited about the USTC Spring Break Camp 2019! We have a thrilling schedule prepared to help your children achieve their full potential. We will also be incorporating our Anti-Bullying Program. This program is used by many organizations, including the police department, to help youth learn how to deal with bullies, using verbal de-escalating skills. This camp will be very physically and mentally demanding. To prepare and maintain your children's level of effort, please follow these friendly steps:

~ Eat a healthy and big breakfast prior to arriving to camp. (Allow at least 30 minutes to digest) ~

~ Get a good night's rest ~

~ Positive praise! Remember that we are looking for effort and progress, NOT perfection ~

All Campers should bring: (Please label all items and bring them in a labeled backpack or bag)

- Taekwondo uniform and belt
- Change of regular clothes
- Water bottle (with name on it)
- Asthma inhalers, Epi-Pens, or other medically necessary items in case of immediate emergency

FULL DAY CAMPERS ONLY – Bring your own sack lunch. NO PEANUT PRODUCTS please.

Campers should NOT bring:

- Expensive electronics (Ex: MP3 players, iPads, Playstations, cameras, cell phones, etc.)
- Wear or bring ANY jewelry

Attendance will be taken each day upon arrival and departure to ensure your child's safety. Parent involvement with practice at home can help improve all of the skills that each child will learn. While parents cannot be present in the classroom during camp, parents are highly encouraged to attend the Graduation/Demonstration on Friday, March 29th, from 11:15am-12:00pm to see their child's growth and progress.

Please plan to stay for 15-20 minutes on the 1st day of camp on Monday, March 25th from 8:30am-8:50am to receive all handouts, meet all of the camp staff, and ask any questions regarding the camp.

Thank you for your support. We look forward to an exciting and rewarding 2019 Spring Break Camp!!

Respectfully,
USTC Staff

<p>*8:15am – EARLIEST DROP OFF</p> <p>*8:30am – 8:45am – CHECK-IN</p> <p>*11:45am – 12:00pm HALF DAY CAMP ENDS</p> <p>*12:30pm – LAST PICKUP HALF DAY CAMP</p> <p>*3:15pm – 3:30pm FULL DAY CAMP ENDS</p> <p>*4:00pm – LAST PICK UP FULL DAY CAMP</p>

U.S. TAEKWONDO CENTER SPRING BREAK CAMP 3/25/19 – 3/29/19

HALF DAY FULL DAY
\$25 Registration Fee if registered after 3/20/19

[Please Print] All information must be complete

First Name		Last Name	
Age:	Date of Birth:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
First Name		Last Name	
Age:	Date of Birth:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
First Name		Last Name	
Age:	Date of Birth:	<input type="checkbox"/> Female	<input type="checkbox"/> Male

Parent/Guardian Name

Home Phone:	Cell Phone	Work Phone
Email		
Street Address:		
City:	State:	Zip:

HEALTH INSURANCE COMPANY: _____
 Policy Number: _____
FOOD ALLERGIES: _____
MEDICATION ALLERGIES: _____
ADDITIONAL MEDICAL INFORMATION (Asthma, heart murmur, rheumatic fever, etc.)

WHO IS AUTHORIZED TO PICK UP MY CHILD (REN) other than parent?

Name: _____
 Relationship: _____
 Phone: (H) _____
 (C) _____
 (W) _____

Name: _____
 Relationship: _____
 Phone: (H) _____
 (C) _____
 (W) _____

RELATIVE/FRIEND EMERGENCY NOTIFICATION (other than parent)
 Name: _____
 Relationship: _____ Phone: (H) _____
 (C) _____ (W) _____

MEDICAL TREATMENT AUTHORIZATION

I, do hereby appoint and authorize the U.S. Taekwondo Center Stetson Hills Inc. and its designated representatives as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by my Attorney-in-Fact for the health and well-being of those listed above, who are attending the U.S. Taekwondo Center Inc. This power shall terminate on **March 29, 2019**. BY ITS NATURE, PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY, WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC, TO EVEN DEATH. Although serious injuries are not common in supervised camp athletic programs, it is impossible to eliminate this risk. Participants can, and have the responsibility to, help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR TEACHERS, AND INSPECT THEIR OWN EQUIPMENT DAILY.

The U.S. Taekwondo Center Stetson Hills Inc. does not screen applicants for illness, injury, allergies or other medical conditions that would prevent or limit the participation by the applicant in athletics or outdoor programs. It is the responsibility of the parents or guardian of each applicant to determine his or her fitness to participate in athletics or outdoor programs by signing this Permission From, I acknowledge that I have read and understand the above warning. I acknowledge that I do not know of any medical condition that would prevent or limit the participation of this applicant in athletics or outdoor programs. I on my own behalf and on behalf of this applicant, hereby release the U.S. Taekwondo Center Inc., its employees, agents, and representatives, from any financial responsibility or liability arising from injury to this applicant in connection with his or her participation in the spring camp sessions, including injury resulting from negligence (other than gross negligence) of employees, agents or other representatives of the U.S. Taekwondo Center Stetson Hills Inc.

The balance is due no later than Friday March 22, 2019. I understand that there are **NO REFUNDS**. A credit may be issued in the event of a medical emergency and will be at the discretion of USTC. I am also aware that for enrollment acceptance and to provide emergency treatment, the additional information and medical treatment authorization on **this application must be completed in its entirety**. My signature certifies that I have read and understand the contents of this application.

Parent/Guardian's Signature _____
Date signed

OFFICE USE ONLY	
Example: Johnny brings a friend and his friend's brother = \$25 discount. Johnny brings Friend A & Friend B (different family/household) = \$50 discount	
Name of child referred: _____	Referring Student Name: _____
Name of child referred: _____	Referring Student Name: _____
Total Camp Fees \$ _____ + Total Registration Fees \$ _____ -- Referral Discount \$ _____ TOTAL \$	
Payment Method: VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____	Employee initials: _____ Date: _____