

Doc Fai Wong Kung Fu Summer Camp Registration Form

Please make a separate copy of this form to register each child

Camp Main Address: 925 Taraval Street, San Francisco, CA 94116 Tel: **415-665-2488**

Student Information

Student's Name:
Male Female:
Age:
Grade:
School Name:
Allergies:

Camp Session \$ _____ (\$230/session plus \$25 registration) 9am-3pm

Parent/Guardian Information

Name:
Address:
City:
Home or Cell Phone:
Email:
Employer:
Emergency Contact
Name:
Occupation:
Address:
City:
Work Phone:

Remarks: Please make check payable to **Doc Fai Wong** mail to 925 Taraval Street, San Francisco, CA 94116

Please read the class policy on Form B and sign at the bottom.

FORM - B

Summer Camp Fee and Policy

Fee: \$230 Per child for one week of camp.

Payment:

- All fees must be made at the time of enrollment to reserve your child's space
- Please make all checks payable to **Doc Fai Wong**.

Absences and late charge:

- No refund or credit for missed classes unless classes are cancelled by school.
- Please send/pick up your child to/from the classes on time.
- School reserves the right to dismiss or suspend a child for unsatisfactory behavior or physical needs for which we do not have the expertise in assisting the child.

Parent's Release Form

1. I hereby allow my children to participate in the following programs. I authorize the school and its staff members to take full charge of any emergency that may possibly occur. I will not hold Doc-Fai Wong Martial Arts Center, Instructors, or any staff member liable in case of accidents or injuries.
2. I agree with the camp's financial policy.

Parent's/Guardian's Signature

Date

