

Chamberlain Studios of Self Defense™ Registration for Spring Break Ninja Camp 2017! **Lakewood Dojo**

Register Online at: <https://www.regonline.com/springbreakninjacamp2017>

Or, Mail, Deliver, Email or Fax this registration form w/ payment to:

Chamberlain Studios of Self Defense™
2114 Kidwell St. Dallas, TX 75214

Phone: 214-351-5367

Fax: 214-366-3916

Email: info@dallaskenpo.com

Ninja Camp Sessions:

#1	Mon.	3/13/17	8:30a-4:30p
#2	Tue.	3/14/17	8:30a-4:30p
#3	Wed.	3/15/17	8:30a-4:30p
#4	Thur.	3/16/17	8:30a-4:30p
#5	Fri	3/17/17	8:30a-4:30p

- There is a 25% sibling discount for the 2nd & additional kids.
- We are offering **EXTENDED DAY** for this camp! Cost is listed below (per day). Early Drop-Off and/or Late Pick Up available.
- Master Card, VISA and Discover accepted. Make checks payable to CSSD.
- Students should bring a sack lunch and 2 snacks each day.

1. Student Information (please use one form for each child)

Student Name _____ Date: _____

Age _____ Day School Attending _____ Male _____ Female _____

Parent's/Guardian's Names _____ e-mail address _____

Address _____ Home Phone () _____

Father's Work _____ Cell _____ Mother's Work _____ Cell _____

Emergency Contact _____ Phone _____ Relationship _____

How did you hear about us? Website __ Friend __ Existing Student __ School Brochure __ Other: _____

2. Camp tuition:

Tuition Rates for Campers	Full Camp Week (3/13-3/17/17)	Individual Camp Days (Circle all that apply) M, T, W, Th, F	Extended Day Early Drop-off: 7:45a-8:25a	Extended Day Late Pick-Up: 4:35p-5:30p	Total \$ Due
First student:	\$300	\$80	\$10 (per day)	\$10 (per day)	
Sibling tuition: 25% Discount	\$225	\$60	\$7 (per day)	\$7 (per day)	

3. Credit Card Payment

Payment by: Master Card ___ VISA ___ DISC ___ Card # _____ Exp Date _____

4. Releases

Does student take prescription medication? Yes ___ No ___ If yes, what medication _____ why? _____

In case of accident or injury, I hereby certify that the above named student is to be given any emergency treatment necessary at any hospital reasonably accessible.

Parent/Guardian Signature: _____ Relationship _____ Date _____

Photography Release: I hereby permit CSSD to use, in whole or in part, photographs and or videos, of the above named student for the purpose of illustrations and publications including our website. No student names will be published.

_____ Relationship _____ Date _____



www.DallasKenpo.com

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