

**Chamberlain Studios of Self Defense™ Registration  
for Spring Break Ninja Camp 2019!**

**Lakewood Dojo**

Mail, Deliver, Fax or Email the registration form w/ payment:  
**Chamberlain Studios of Self Defense™**  
 2114 Kidwell St. Dallas, TX 75214  
 Phone: 214-351-5367 Fax: 214-366-3916  
 Email: info@DallasKenpo.com

<b>Ninja Camp Sessions:</b>		
#1 Monday	3/11/19	8:30am - 4:00pm
#2 Tuesday	3/12/19	8:30am - 4:00pm
#3 Wednesday	3/13/19	8:30am - 4:00pm
#4 Thursday	3/14/19	8:30am - 4:00pm
#5 Friday	3/15/19	8:30am - 4:00pm

**www.DallasKenpo.com**  
For more details!

- Include full tuition with registration form(s).
- **There is a 25% sibling discount for the 2<sup>nd</sup> & additional kids.**
- Students may attend the full week, or individual days.
- We are offering **EXTENDED DAY** for this Camp (must be scheduled **IN ADVANCE**). Cost is listed below (per day). Early Drop off and/or Lake Pick up available.
- Master Card, VISA and Discover accepted. Checks should be made 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 Cell \_\_\_\_\_ Mother's Cell \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about us? Website \_\_ Friend \_\_ Existing Student \_\_ School Brochure \_\_ Other: \_\_\_\_\_

**2. Camp tuition:**

<b>Tuition rates for Campers</b>	<b>Individual Camp Days (Circle all that apply) 3/11, 3/12, 3/13, 3/14, 3/15</b>	<b>Full Camp Week</b>	<b>Extended Day: Early Drop: 7:45a - 8:25a (Circle all that apply) 3/11, 3/12, 3/13, 3/14, 3/15</b>	<b>Extended Day: Late PickUp: 4:05p - 5:00p (Circle all that apply) 3/11, 3/12, 3/13, 3/14, 3/15</b>	<b>Total \$ Due</b>
First student:	\$85 (per day)	\$349	\$10 (per day)	\$10 (per day)	
Sibling tuition: 25% Discount	\$64 (per day)	\$260	\$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 \_\_\_\_\_

