

Chamberlain Studios of Self Defense™ Registration for Winter Catch-Up Camp 2018/2019! **Lakewood Dojo**

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

Ninja Camp Sessions:

#1	Wed.	12/26/18	8:30a - 4:00p
#2	Thu.	12/27/18	8:30a - 4:00p
#3	Fri.	12/28/18	8:30a - 4:00p
#4	Wed.	1/2/19	8:30a-4:00p
#5	Thur.	1/3/19	8:30a-4:00p
#6	Fri.	1/4/19	8:30a-4:00p

- Applications may be submitted by fax and email anytime, or by hand to the Lakewood dojo office (during class times).
- Include full tuition with registration form(s).
- **There is a 25% sibling discount for the 2nd & additional kids.**
- **There is a discount if you pay for FULL weeks of camp (Wed - Fri).**
- We are offering **EXTENDED DAY** for this camp! Cost is listed below (per day). Early Drop-Off and/or Late Pick Up available (must be reserved in advance!).
- 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	Individual Camp Days (Circle all that apply) 12/26, 12/27, 12/28, 1/2, 1/3, 1/4	Full Camp Week (12/26- 12/28/18) and/or (1/2-1/4/19)	Extended Day Early Drop: 7:45a-8:25a (Circle all that apply) 12/26, 12/27, 12/28, 1/2, 1/3, 1/4	Extended Day Late PickUp: 4:05p-5:00p (Circle all that apply) 12/26, 12/27, 12/28, 1/2, 1/3, 1/4	Total \$ Due
First student:	\$85	\$180 (\$162 2nd week)	\$10 (per day)	\$10 (per day)	
Sibling tuition: 25% Discount	\$64	\$135 (\$122 2nd week)	\$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 _____

