

Chamberlain Studios of Self Defense™

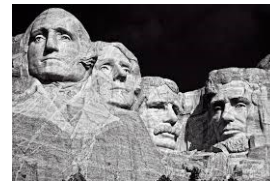
Registration for Presidents' Day Camp 2018!

Monday, February 19, 2018 8:30am - 4:00pm

Lakewood Dojo



www.DallasKenpo.com



- Forms may be submitted by fax, email & USPS 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.**
- 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.

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

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	Camp Day Mon. 2/19/18	Extended Day: Early Drop: 7:45a - 8:25a	Extended Day: Late PickUp: 4:05p - 5:00p	Total \$ Due
First student:	\$85	\$10	\$10	
Sibling tuition: 25% Discount	\$64	\$7	\$7	

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 _____

