



Chamberlain Studios of Self Defense™

Registration for Thanksgiving Camp 2020!

Lakewood Dojo



Email or Fax the registration form w/ payment to:

Chamberlain Studios of Self Defense™

Phone: 214-351-5367 Fax: 214-366-3916

Info@Dallaskenpo.com

- There is a 25% sibling discount for the 2nd & additional kids.
- There is a discount if you pay for ALL 3 DAYS of camp. (Individual days are \$85 vs. \$60/day for all 3 days)
- We are offering **Early Drop Off (7:45a - 8:25a)** for this camp, but **MUST** be scheduled/purchased ahead of time! (Last minute early drop-offs or late pick-ups after 4pm will be charged accordingly)
Due to social distancing requirements and our afternoon class schedule, we are not able to offer Late Pick Up at this time.
- Students should bring a sack lunch and 2 snacks each day.
- Students will be required to wear masks inside, and will social distance. No contact activities at this time!

Ninja Camp Sessions:

#1 Mon.	11/23/20	8:30a - 4:00p
#2 Tue.	11/24/20	8:30a - 4:00p
#3 Wed.	11/25/20	8:30a - 4:00p

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 below)	All 3 Days (11/23-11/25) at \$60/day	Extended Day Early Drop-off: 7:45a-8:25a	Total \$ Due
First student:	\$85/day - M Tu W	\$180	\$10/day - M Tu W	
Sibling tuition: 25% Discount	\$64/day - M Tu W	\$135	\$7/day - M Tu W	

3. Credit Card Payment: Payment by: Master Card ___ VISA ___ DISC ___ AMEX ___

Card # _____ Exp Date _____ CVC _____

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