

Summer Camp Course Information

TAEKWONDO

Tiger-Rock TaeKwonDo blends the ancient art of TaeKwonDo with modern approaches to teaching and sport science to make our style available to everyone. Cultivate both inner and outer strength in a safe, comfortable environment.



X-PRO / WEAPONS

Today it is practiced as a Martial Art that improves concentration, develops strength, coordination, self-discipline and cultivates awareness of an ancient culture and its traditions. Martial Arts weapons are from an ancient era in human history but are still relevant in today's world. Learning how to use a weapon is the best way to learn how to defend against it. The student will learn how to control the weapon and its strengths and weaknesses.



STUDENT INFORMATION

I would like to register my child for the 2018 Summer Camp Program. Please note that registration is not guaranteed once this form is filled out. Registration is complete when all required paperwork is on file at the academy and the tuition is paid. If you have been placed on a waiting list, we will notify you when space becomes available.

May 29-June 1 (4 Days Only) June 4-8 June 11-15 June 18-22

June 25-29 July 2-6 (4 Days Only) July 9-13 July 16-20 (4 Days Only)

July 23-27 July 30-Aug 3 Aug 6-10 Aug 13-17

Daily: Select Day(s) M T W TH F

Circle: Current Student or New Student

Student's Name _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____ Work/Cell # _____

Email _____

Sample Daily Schedule

7:30 – 10:00am	Drop Off
8:00 – 10:00am	Life Skills Lesson/Scheduled Activity
10:00 – 11:00am	Taekwondo Class
11:00 – 12:00pm	Martial Arts Class (Hyper-pro, weapons)
12:00 – 1:00pm	Quiet/Reading/Rest – Lunch Time
1:00 – 4:00pm	Afternoon Field Trip
4:00 – 4:30pm*	Free Time/Pick Up

*Current Campers staying 4:30-6:30 \$25-\$50 weekly

Must have uniform to attend evening classes.

Lifeskills Lessons

Responsibility/Courage
Physical Fitness
Concentration/Focused Listening
Patience/Perseverance
Community
Honor/Respect
Friendship/Confidence
Manners/Social Skills
Honesty/Integrity
Positive Attitude/Health

FULL DAY

Deposit: \$10 P.P/Per week Late Registration: \$25 P.P/Per week

Full Day Camp : \$119/week \$109/week for 2nd family member

Daily Camp Rate: \$79/day (Includes Field Trip fee/1 T-Shirt)

Camp T-Shirt: Each Camper will receive 1 Shirt

(Shirts are required to be worn every day)

Field Trip Fee: Included (Lunch NOT included)

Late Pickup fee: \$1/min for first 30 min, \$5/min after first 30 min

*Campers staying 4:30-6pm \$25 Weekly

*Campers staying 4:30-6:30pm \$50 Weekly.

Must have uniform to attend evening classes

2 HOUR SKILLS CAMPS

Skills Camp: \$99 Weekly \$79 Weekly 2nd family member

Skills camp is 10am-12 Noon Daily Mon-Fri (Includes t-shirt)

Schedule: Taekwondo Class: 10am -11am/ Weapons class: 11am-12 Noon

Tiger-Rock Martial Arts Portland is taking registrations for the 2018 TaeKwonDo Summer Camps for children ages 5 – 12. In addition to learning TaeKwonDo and Martial Weapons each child will be taught valuable life skills, how to avoid dangerous situations and what to do if approached by a stranger.

PROGRAM DIRECTORS:

Israel Martinez,
3rd Degree Black Belt
Certified Martial Arts Instructor &
Success Coach

Brittany Martinez
2nd Degree Black Belt
Director of Life Skills & Craft Curriculum



REGISTER TODAY

2018 MARTIAL ARTS SUMMER CAMPS

MAY 29, 2018 – AUGUST 17, 2018



Tiger-Rock Martial Arts Portland
(361) 643-7853
1500 WILDCAT DR, UNIT C,
PORTLAND TX 78374
www.portlandmaf.com



Tiger-Rock Martial Arts Portland
(361) 643-7853
1500 WILDCAT DR, UNIT C
PORTLAND TX 78374

CHILD CARE PROGRAM ADMISSION INFORMATION

DATE _____

Operation Name Portland Martial Arts and Fitness Academy, Inc.		Director's Name Israel Martinez									
Child's Full Name		Child's Date of Birth	Child's Home Telephone No. <input type="checkbox"/> Male <input type="checkbox"/> Female								
Child's Home Address		City	State Zip								
Date of Admission	Date of Withdrawal	Email									
Parent/Guardian 1 Name	Cell #	Address (if different from child's address)									
Relationship	Employer	Email Address (if different from above)									
Parent/Guardian 2 Name	Cell #	Address (if different from child's address)									
Relationship	Employer	Email Address (if different from above)									
Emergency Contact Name	Phone #	Address (street, city, state, zip)	Relationship								
<p>I hereby authorize Portland Martial Arts and Fitness to allow my child to leave the operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name</td> <td style="width: 25%;">Phone</td> <td style="width: 25%;">Name</td> <td style="width: 25%;">Phone</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>				Name	Phone	Name	Phone				
Name	Phone	Name	Phone								

CHECK ALL THAT APPLY:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported by the operation's employees and have read the Transportation Policy in the Operational Policies manual:																	
1. <input type="checkbox"/> TRANSPORTATION:	<input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> from school																	
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in Field Trips and have read the Field Trip Policy in the Operational Policies manual: <input type="checkbox"/> I acknowledge that some field trips may require additional consent forms and the academy will provide those.																	
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in Water Activities and have read the Water Activities Policy in the Operational Policies manual: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play																	
4. <input type="checkbox"/> RECEIPT OF OPERATIONAL POLICIES:	I acknowledge that I have read and agree to the Operational Policies including those for discipline and guidance, property damage, weapons use, illness, sunscreen, lunch, clothing/uniforms, sign in/out and late pickup.																	
5. <input type="checkbox"/> FOOD AND SNACKS:	I understand that the following snacks will be served to my child while in child care and have read the Food and Snacks Policy in the Operational Policies manual: <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack																	
6. <input type="checkbox"/> MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Mondays</td> <td>from:</td> <td>to:</td> </tr> <tr> <td><input type="checkbox"/> Tuesdays</td> <td>from:</td> <td>to:</td> </tr> <tr> <td><input type="checkbox"/> Wednesdays</td> <td>from:</td> <td>to:</td> </tr> <tr> <td><input type="checkbox"/> Thursdays</td> <td>from:</td> <td>to:</td> </tr> <tr> <td><input type="checkbox"/> Fridays</td> <td>from:</td> <td>to:</td> </tr> </table>			<input type="checkbox"/> Mondays	from:	to:	<input type="checkbox"/> Tuesdays	from:	to:	<input type="checkbox"/> Wednesdays	from:	to:	<input type="checkbox"/> Thursdays	from:	to:	<input type="checkbox"/> Fridays	from:	to:
<input type="checkbox"/> Mondays	from:	to:																
<input type="checkbox"/> Tuesdays	from:	to:																
<input type="checkbox"/> Wednesdays	from:	to:																
<input type="checkbox"/> Thursdays	from:	to:																
<input type="checkbox"/> Fridays	from:	to:																

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any medical issues that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of (please check NONE if applicable):

NONE

CHILD CARE PROGRAM ADMISSION INFORMATION

SCHOOL AGE CHILDREN:

My child attends the following public/private school:

Name of School and Address

School Phone

My child's immunization record is on file at the above named school and all required immunizations are current. Vision and Hearing screening records are also on file at the above named school.

FINANCIAL OBLIGATION:

I have read and agree to all financial obligations defined in the Operational Policies manual related to my student's attendance in:
 Summer Camp Program After-School Program

I have read and agree to the Cancellation policy as defined in the Operational Policies manual related to my student's attendance in the above program.

I have read and agree to the Declined Credit Card policy as defined in the Operational Policies manual related to my student's attendance in the above program.

PAYMENT OPTION CHOICE (After School Program only):

I have selected the following payment option. I understand that this option cannot be changed during my child's attendance in the 2015-2016 After School Program.

Option 1: Pay weekly Option 2: Pay bi-weekly

AGREEMENT OF RELEASE:

I am giving the above named student(s), permission to participate in the described supervised, organized activity sponsored by Portland Martial Arts & Fitness Academy, Inc. I understand and am aware that such activity involves a risk of injury and that I am voluntarily giving permission to participate in this activity. I hereby agree to expressly assume and accept any and all risk of injury for myself or my child(ren)'s participation in the above activity. I do hereby and forever discharge, release, indemnify and hold harmless Portland Martial Arts & Fitness Academy, Inc., including their employees, for and on behalf of myself and my minor child(ren) and our respective heirs, successors and assigns, from any and all liability, rights of action, causes of action, losses, claims, demands, cost and expenses for damages and or bodily injury that may arise in conjunction with me or my child(ren)'s participation in this activity.

Signature – Parent or Legal Guardian

Date



Operational Policies Acknowledgement

With my initials and signature I acknowledge that I have read and agree to the Operational Policies for the academy program I am / my child is attending.

Summer Camp Program

_____ I understand that a \$10 per person/per week deposit fee will be billed for each week that I register at the time of registration. This fee will hold my spot in that week of camp. This fee will apply to my overall weekly camp fees. This fee is non-refundable and non-transferable to other weeks of camp.

_____ I understand that a Late Registration fee of \$25 per person/per week will be billed if my camp registration is late. Only applies to students that register for camp Monday through Friday the week of camp. For example, if I register for camp any-time before the week of camp and up-to and including the Saturday before my camp, I **will not** be charged any late registration fees.

_____ I understand that no refunds will be given due to no-shows or cancellations of less than 10 business days before the first day of camp. If a cancellation is made 10 or more days prior to the first day of camp, the fees will be applied to future purchases in the Academy within the same calendar year.

_____ I understand that if I do not sign out my child, I will be charged \$5 for the first occurrence and \$10 for the second occurrence. Additional occurrences may result in my family being asked to leave the program. This fee will be auto-drafted on the day of occurrence.

_____ I understand that if I arrive after 4:30pm (6pm or 6:30pm for extended care) to pick up my child from the Summer Camp Program I will be charged \$1/minute for the first 30 minutes and \$5/minute thereafter. This fee will be auto-drafted on the day of occurrence. Calling ahead that you are going to be late is appreciated, however you will still be charged.

_____ I understand that there is a \$29 annual fee to register with Tiger Rock Martial Arts International. This is required in order to participate in rank testings and tournaments. It is my responsibility to keep this registration current through the Tiger Rock MAI website.

_____ I understand that the Martial Arts programs may require additional expenses such as testing's (\$85-\$155), uniforms (~\$100), clinics (\$10-\$50), sparring gear (\$185-\$355), tournaments (\$65-\$100), etc. These expenses are also outlined in detail on the Additional Program Expenses sheet contained in the members section of the academy website.

_____ I understand that I am required to purchase all martial arts uniforms, training equipment and sparring gear from my Academy Pro Shop. Students will not be permitted to wear or use uniforms, training equipment and sparring gear from other academies.

_____ I understand that if I do not provide spray sunscreen for my child the academy will purchase a bottle for the price of \$10. This fee will be auto-drafted on the day of the occurrence.

_____ I understand that if I do not provide a lunch for my child the academy will provide a lunch at the cost of \$10. This fee will be auto-drafted on the day of the occurrence.

_____ I understand that if my child will be attending the regularly scheduled evening martial arts classes they must have a Tiger-Rock uniform to participate.

_____ I understand that if my child shows up to camp without their dri-fit camp t-shirt, I will be charged \$28 for a new shirt.

Cancellation Policy:

_____ Camps may be cancelled with two week notice. All camp cancellations with less than two weeks notice will be billed. The camper will be credited to another week in the 2018 summer camp schedule as long as we have space available. **The \$10 per person/per week fee is non-refundable and non-transferable and is billed at the time of registration to hold your spot in camp. The \$10 fee is applied to your overall weekly camp fees for each week.** All summer camps/credits/transfers will only apply to 2018 summer camps. If you have any specific questions about this policy, please speak with a staff member.

If you do not communicate to us in any form (phone, e-mail or in person) about a cancellation and your camp fees are charges you will not be credited to another week. These camp fees are **non-refundable and non-transferable**.

Signature _____ Date _____

Academy Staff Signature _____ Date _____



Summer Camp Payment Agreement

Camper Name _____
First Last

Payment Information

Card Holder Name _____

Billing Address

_____ State _____ Zip _____

Card Number _____ Expiration _____ Security Code _____

Authorization for Automatic Payment

I hereby understand and authorize Portland Martial Arts & Fitness to deduct the full summer camp tuition payment from the above credit card on the second Friday prior to the first day of camp. I also understand that no refunds or credits will be given if I cancel my registration after I have been billed.

Card Holder Signature

Date

For office use only

Camp Weeks attended

Week #	Enrollment Paid	Field Trip Paid	Notes
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			