

# MARTIAL ARTS

*more than*  
**KICKING and**  
**PUNCHING**



This summer give your children the tools they need to succeed in life.

**Our Training Camps** teaches the vital skills it takes to be a leader in today's world. Using fun, fitness & black belt Lessons you will not only see marked improvement In **balance** and **fitness**, but you will see how we teach **goal setting, self-discipline, respect** and **perseverance**.

Each week includes two karate classes daily, arts & crafts, gymnastics lessons, two field trips and pizza & a movie on Fridays!

Offering camp the weeks of June 14, 21, 28, July 5, 12, 19, 26, August 2 & 9 from 730AM-6PM. Camp fees are \$229 per week all inclusive.

**Charlotte Martial Arts Academy**  
2228 Hawkins Street  
Charlotte, NC 28203  
(704) 333-4155 or [karateinfo@carolina.rr.com](mailto:karateinfo@carolina.rr.com)  
[www.charlottesmartialartsacademy.com](http://www.charlottesmartialartsacademy.com)

# Charlotte Martial Arts Academy

## Summer Program Registration

	Child's Name:		7:30am - 6pm	Deposit Amount**	Deposit Date	Final Payment Date
Session 1	June 14-18		7:30am - 6pm	\$229*		
Session 2	June 21-25		7:30am - 6pm	\$229*		
Session 3	June 28-July 2		7:30am - 6pm	\$229*		
Session 4	July 5-9		7:30am - 6pm	\$229*		
Session 5	July 12-16		7:30am - 6pm	\$229*		
Session 6	July 19-23		7:30am - 6pm	\$229*		
Session 7	July 26-30		7:30am - 6pm	\$229*		
Session 8	August 2-6		7:30am - 6pm	\$229*		
Session 9	August 9-13		7:30am - 6pm	\$229*		
				Total		
				Disct		
				<b>TOTAL DUE</b>		

\* Includes a \$30 activity fee for field trips taken each week.

\*\* Only a deposit of \$50/week is due at time of registration.

### Waiver

I hereby register my child for the Charlotte Martial Arts Academy Summer Camp program. I understand and agree to all terms and conditions expressed in this and all other documentation pertaining to the rules and policies of Charlotte Martial Arts Academy. I represent that my child has no physical, mental, or emotional illness that could impair training or that could make the training injurious. I realize that any physical activity has the potential for injury and I waive any claim of accidental and/or negligent tort damage against Charlotte Martial Arts Academy and/or its principles, officers, or instructors resulting from the activity. I hereby acknowledge an assumption of risk by accepting and agreeing to allow my child to participate in martial arts activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Charlotte Martial Arts Academy

## Summer Program Registration

\* Please complete both sides of this application and return to the address below.

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mom's Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Dad's Name

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

**In case of emergency, please notify (must be other than a parent):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone Number

T-SHIRT SIZE (CIRCLE PLEASE)  
YOUTH ADULT  
S M L S M L XL

Swimming Ability (Circle One) None Beginner Novice Advanced

Does your child need a swim vest? Yes/No

Terms of Registration

**1) \$50 non-refundable deposit per student per session is required at time of application.**

**The balance will be due the beginning of the week camp is attended.**

2) Included is a \$30 Activity Fee each week. The fee covers 2 field trips, field trip transportation, and camp t-shirt. If not paid then permission is assumed ungranted for the field trips and the student must be picked up at 10:00am on day of field trip.

3) All remaining camp fees must be paid in full at beginning of each weekly session.

4) If I withdraw my child from camp before the end of the session or in the event of a no show, no refund will be given. If my child is withdraws due to a verified medical reason a pro-rated refund will be extended.

5) Permission is given for my child to participate in all camp activities.

6) Permission is given for Charlotte Martial Arts Academy to authorize emergency medical treatment for my child as needed.

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