

KUM SUNG SUMMER DAY CAMP ENROLLMENT FORM

CHILD INFORMATION:

Name _____

(First)

(Last)

Gender: Male _____ or Female _____

Birth Date _____

Age: _____

Email address: _____

CUSTODIAL PARENT OR GUARDIAN INFORMATION:

Name _____

(First)

(Last)

Address _____

City/State/Zip _____

Home# _____ Work# _____ Cell# _____

Drop Off Time

:

Pick up Time

:

SECOND PARENT INFORMATION:

Name _____

(First)

(Last)

Address (if different from above) _____

City/State/Zip _____

Home# _____ Work# _____ Cell# _____

From Brick
Transportation
(Circle one)

AM: YES | NO

PM: YES | NO

AUTHORIZED PICK UP INFO:

1. Name _____ Relationship _____ Phone# _____
2. Name _____ Relationship _____ Phone# _____
3. Name _____ Relationship _____ Phone# _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY,

Name _____

Relationship _____ Phone # _____

Address _____

PAYMENT INFORMATION:*Enrolled Sessions* (Circle weeks applicable): ALL 11 WEEKS or
6/13---6/20---6/27---7/4---7/11---7/18---7/25---8/1---8/8---8/15---8/22---8/29*Enrolled Days* (Circle the day(s) applicable): (NO MAKE UP DAYS AVAILABLE)

ALL---Monday---Tuesday---Wednesday---Thursday---Friday

(Price for 4 days is same as for the whole week.)

Costs (excludes field trip fees)

Per Child One Day \$75 Two Days \$135 Three Days \$165 Four/Five Days \$219

***Registration Fee \$60.00 Deposit _____**

Total Payment Amount (calculated as follows)

$$\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}} + \text{REG. FEE} = \underline{\hspace{2cm}} + \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

of Weeks \$ per Week Total \$50.00 Total Trips Grand Total

PAYMENT PLAN

Date	Amount	Date	Amount	Date	Amount
1. _____	_____	5. _____	_____	9. _____	_____
2. _____	_____	6. _____	_____	10. _____	_____
3. _____	_____	7. _____	_____	11. _____	_____
4. _____	_____	8. _____	_____	12. _____	_____

Credit Card # _____ Expiration Date _____

Authorized Signature: X _____ Date _____

No Refund or Credit will be given for missing days without an advance written notice unless accompanied by a doctor's note. No Refund or Credit will be given for July 4th. Page 1 of 7

MEDICAL INFORMATION:

Doctor's Name _____ Dentist Name _____
Phone # _____ Phone # _____

INSURANCE INFORMATION:

Insurance Company Name _____
Address _____
Phone # _____ Policy # _____

ALLERGIES List all known. Describe reaction and management of the reaction.

Medication allergies (list)

Food Allergies (list)

Other Allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.

MEDICATIONS BEING TAKEN: WE DO NOT ADMINISTER ANY MEDICATION!

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Attach additional pages for more medications.

Med #1	Reason for taking	Med #2	Reason for taking
_____	_____	_____	_____

RESTRICTIONS (The following restrictions apply to this individual)

EXISTING MEDICAL CONDITIONS

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the program should be aware.

IMMUNIZATION (Please give date for last immunization for)

Date	Vaccine	Date	Vaccine
_____	DTP	_____	Measles (hard or red measles or rubeola)
_____	Rubella	_____	TD (tetanus/diphtheria)
_____	Tetanus	_____	Haemophilus influenza B
_____	Polio	_____	Varicella Zoster
_____	Hepatitis B		

Which of the following has the participant had?
_____ Measles ___ Chicken Pox ___ German Measles ___ Mumps ___ Hepatitis

Permission to Provide Necessary Treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of facility.

Kum Sung Summer Camp reserves the right to dismiss a child from camp whose conduct is not in the best interests of the program. Kum Sung Summer Camp is granted the right to use any and all pictures and videos taken of activities in their publication of materials for promotion of Kum Sung activities.
*Registration Fee is not refundable for any cancelations or refund requests.

Believing my child is qualified for summer camp program, I give permission for my child to take part in all activities. I agree to place him/her in care of the summer camp program, subject to all its rules and regulations. I understand the nature and purpose of the camp activities and I am aware that any strenuous physical activity involves risks. Accordingly, I release, discharge, absolve, and hold harmless the Kum Sung Summer Camp, Kum Sung Martial Arts, K.S. Fitness Center and Sung Star Academy, their agents and employees, and instructors, from any and all liability arising out of any accident, injury, or loss sustained by my child as a result of activities at or present in the facility except for accidents, injuries or losses sustained as a result of gross negligence and willful misconduct of the facility. I agree to waive any and all claims against persons connected with Kum Sung Summer Camp, Kum Sung Martial Arts, K.S. Fitness Center and Sung Star Academy.

I declare to the best of my knowledge my answers are true, correct and complete.

Parent Signature: X _____ **Date:** _____

Dear Parents,

Please note the following items you **MUST** provide for your child/children on a daily basis:

- LUNCH packed in a cooler with extra drinks and snacks. We **DO NOT** warm up or prepare any lunch due to time and staff constraints.
- Bathing suits, towel and shoes to walk to the pool area
- Sun Block
- Children should wear sneakers to camp
- All of the children's belongings must be marked with their name. Kum Sung will not be responsible for any lost or stolen items.

On Trip Days, the children must wear their Kum Sung Camp Shirts. Lunch will not be provided for Trips, **except for iPlayamerica trip**. Please bring lunch for all other trips.

If you have any questions, please call 732-341-8800.

Thank you,

Master Charhee

Parents,

There will be no refund/make up unless at least **One Week Notice** has been given to us.

Please print:

Parent's Last Name

First Name

Child's Last Name

First Name

Primary Contact Phone Number

Date: _____

SUMMER CAMP 2022 TRIP SCHEDULE

TIME	DAY	DATE	TRIP/EVENT	AGE	FEE
9:30	THR	June 30	BOWLING	ALL	\$30
10:00	WED	July 06	VIRTUAL REALITY	8-9	\$30
10:00	THR	July 07	VIRTUAL REALITY	10-UP	\$30
10:00	WED	July 13	CARNIVAL	ALL	\$35
9:30	THR	July 14	MAGIC SHOW	ALL	FREE
11:00	THR	July 21	CASINO PIER	ALL	\$40
8:30	WED	July 27	IPLAY AMERICA	ALL	\$55
9:30	WED	August 03	BOWLING	ALL	\$30
9:30	WED	August 10	MAGIC SHOW	ALL	FREE
10:00	THR	August 11	VIRTUAL REALITY	8-9	\$30
10:00	WED	August 17	VIRTUAL REALITY	10 & UP	\$30

*****Campers MUST bring LUNCH for all field trips**

Except for iPlay America trip.

KUM SUNG CAMP – PERSONAL PROPERTY POLICY

1. **Cell Phone**: campers are prohibited from bringing cell phones, as well as camera to camp or trips. In the unlikely event of an emergency, our Kum Sung staff is equipped with cell phones. If a camper is found using a cell phone while at camp, the phone will be taken away and held at the office until the end of the day.
2. **DS/Tablets**: The same goes for DS or any other electronic device. They are prohibited if a camper is found with one it will be held in the office till the end of the day.
3. Pokemon, Yu-Gi-Oh!, Digimon, or any of your own sports equipment.

Please understand that our strict policy is in place to maximize the safety and happiness of our Kum Sung Campers. We appreciate your support on this extremely important issue!

Parent Signature _____ Date _____

Camper Signature (7 & up) _____

Kum Sung Martial Arts

Dear Parents:

We are planning to use photos of your child/children for several advertisements to represent Kum Sung Martial Arts and/or Sung Star Academy. This will include TV, Video, Pictures, Website, Brochures, Facebook and/or Instagram. We will need to have a parental consent form signed for your child/children to be in our advertisements.

PLEASE NOTE: We must be informed of whether or not you want photos of your child/children to be printed or viewed in our advertisement.

Please make your decision, sign below, and return this form to the main office as soon as possible.

Thank you in advance for your attention to this matter.

_____, **YES** I grant permission for my
child/children _____ to be in
the advertisement.

_____, **NO** I do not grant permission for my
child/children _____ to be in
the advertisement.

Parent/Guardian Signature

_____ **Date** _____