

AFTER SCHOOL KARATE
ACADEMY
6950 LAUREL-BOWIE ROAD
BOWIE, MARYLAND 20715
TEL: (301) 805-8721
www.karateacademybowie.com

Dear Parents,

Thank you for participating in our summer program for 2025. Enclosed you will find a calendar of events for this year. You will also find a copy of our rules of conduct for your review. You will receive an additional copy with your handbook.

FORMS TO BE COMPLETED

Completed Camper Enrollment Form
Physician's medication authorization (if your child needs to take medication)
Health Form
Transportation Permission Form

Students attending our camp are required to wear color coordinated ASKA t-shirt
The shirts can be purchased for \$20 at the school prior to the beginning of camp. These shirts are necessary to ensure uniformity and ease of identification on our field trips. We suggest purchasing 2-3 shirts. **Students who come to camp without a t- shirt will be issued one and their account will be billed \$20.**

We have an exciting and fun summer planned for your child. We look forward to sharing a variety of trips and experiences with the children. Please keep in mind; return times may vary depending on the specific activity for the day. Check your schedule to allow for accurate pick up time.

Parents are welcome on any of our trips or activities. Our calendar may be altered at times due to weather or other uncontrollable circumstance. We will give advance notice of any changes whenever possible.

Feel free to call or see us at the school if you have any questions.

KARATE SUMMER CAMP ENROLLMENT FORM 2025

STUDENT NAME: _____ DOB: _____

Address: _____ City _____ St. _____ Zip _____

FATHER'S NAME: _____ MOTHER'S NAME _____

Phone # (H): _____ (W) _____

Cell #: _____ School: _____ Grade: _____

Email Address: _____ T-Shirt Size: _____

I agree to waive any and all claims against persons connected with ASKA. This should also serve as permission to have your child transported and to receive all emergency health care attention needed if in case a situation does arise. As we are aware, young children are prone to mishaps. Although we will give every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your specific permission to transport and have your child treated by a professional care giver/physician, etc... ASKA reserves the right to remove any child from the program. This is for the safety and well being of all students and staff. Payments are due every Friday prior to the beginning of the week by auto debit. I give permission to ASKA to charge my credit/debit card accordingly.

Parent Signature

Date _____

REGISTRATION FEE (INCLUDES ACTIVITY FEES): \$235.00

Credit Card # _____ EXP _____

Register by February 28: \$220/week (Minimum 5 Weeks) AMOUNT: _____/WEEK
Register after February 28: \$250/week

_____ 6/23/25	_____ 7/21/25
_____ 6/30/25	_____ 7/28/25
_____ 7/07/25	_____ 8/04/25
_____ 7/14/25	_____ 8/11/25

I understand that by reserving space, I am financially responsible even if my child does not attend. _____ initial

Transportation Permission Slip

From time to time, it may be necessary to transport a camper to an event via staff passenger automobile. Therefore, we must have your permission to transport your child in such vehicles as circumstances warrant. Your signature below authorizes us to do so as required. In addition, I authorize my child/children to be transported to all camp activities via ASKA vehicles.

This permission slip is valid for all travel associated with ASKA Summer Camp activities as posted on the calendar of events and activities that may be substituted at the discretion of ASKA.

Name of student: _____

Parent authorization: _____

_____ Date: _____

VEHICLE OWNER AUTHORIZATION: (Camp Staff Only)

Name _____ **Date:** _____

CAMPER HEALTH
HISTORY

Child's Name: _____

The following information is required:

1st Emergency Contact

(Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact

(Other than Parent Above): _____ Phone: _____

Child's Physician: _____ Phone: _____

HEALTH INFORMATION:

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, Explain: _____

2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:

A.

For campers who reside **within** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides

2. Is this child exempt from any immunizations? YES NO

YES, List them: _____

OR

B.

For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. Country in which child resides:

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: _____ Date: _____