

Duration

***** (7 Weeks Only) *****

Week 1: July 8 – 12
 Week 2: July 15 – 19
 Week 3: July 22 – 26
 Week 4: July 29 – August 2

***** (CLOSED AUGUST 5 – 9) *****

Week 5: August 12 – 16
 Week 5: August 19 – 23
 Week 6: August 26 – 30

Options

Full-Week 🎵 Full-Days 🎵 Before/After Care

Times

Full-Day: 9am- 4pm (Core Camp)
 Extended care: 8-9am / 4-6pm

Camp Fee

Full-Week: \$379
 Full-Day: \$95
 Extended Care: \$15 per Hour/\$25 per Day
 (13% HST not included • Family discount available)

**“Promoting Positive Values,
 Discipline, Fun Activities,
 Mindfulness, Respect
 Fitness & Taekwondo
 Since 1985!”**

REGISTRATION FORM

(Please circle preferred options)

WK 1 Jul 8	WK 2 Jul 15	WK 3 Jul 22	WK 4 Jul 29	WK 5 Aug 12	WK 6 Aug 19	WK 6 Aug 26
Full Wk	Full Wk	Full Wk	Full Wk	Full Wk	Full Wk	Full Wk
Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri	Mon Tues Wed Thur Fri
ExCare AM-PM	ExCare AM-PM	ExCare AM-PM	ExCare AM-PM	ExCare AM-PM	ExCare AM-PM	ExCare AM-PM

Camper: _____ Boy Girl Age: ___ Yrs

Address: _____

Health Card #: _____ Letter Code: _____ Expiry Date: ___/___/___

Family Doctor: _____ Telephone: (____) ____ - _____

Parent/Guardian: _____ Relation: _____

Home Telephone: (____) ____ - _____ Work Telephone: (____) ____ - _____

Emergency Telephone: (____) ____ - _____ Contact Name: _____

Special Instructions: _____

Signature of Parent/Guardian: _____ Date: ___/___/___

PAYMENTS

- Full-Week/Full-Day (# of Days: _____) \$ _____
- Add Extended Hours: _____ Days @ \$ 25/day \$ _____
- _____ Hours @ \$ 15/hour \$ _____
- Add 13% HST \$ _____

Total Amount Due \$ _____

Payment Options: Credit Debit Cash e-transfer to michael.deh@bellnet.ca
 Cheque # _____ payable to: **Etobicoke Taekwondo/Deh Camp.** (\$50 charge for NSF cheques)

Please Read Carefully

- **Registration Deadline: ***Expired. Please call to see if we have spaces available.**
- We understand plans change and you may need to alter or cancel your camp registration. **Changing weeks is permitted. A \$25 Administration Fee will apply.**
- **NOTE: No refunds under any circumstances once registration is confirmed.**
- Please send a detailed cancellation email to mkwamedeh@gmail.com providing your reason.
- *****In extenuating circumstances, we may offer a make-up week or day, or convert funds paid to other ETKD Programs in 2024.*****

Physical Activity Readiness

Questionnaire & Waiver

Please read carefully and ✓ appropriate answer.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any health problems?
<input type="checkbox"/>	<input type="checkbox"/>	Are you aware of any reason why your child should not participate in any physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a bone, muscle or joint problem that could be aggravated by physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child experience chest pains, dizziness, loss of balance or loss of consciousness as a result of physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have a heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any allergies? Please specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does your child need to carry an EPI PEN?
<input type="checkbox"/>	<input type="checkbox"/>	Is your child currently on any type of medication?

I _____ recognize that a risk of injury may be involved in participating in DehCamp.™ I further understand that each child has a different capacity for participation in physical activity, and that potential health risks such as, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea may be experienced.

Activity Readiness Questionnaire and Waiver.

- I willingly assume full responsibility for such risks of injury and of health.
- I release and forever discharge Etobicoke Taekwondo/DehCamp,™ it's directors, staff, volunteers and members, from all causes of actions, damages, claims, loss or injury of any nature and kind arising as a result of my child's participation in DehCamp.™
- I authorize the provision of emergency medical services by a qualified medical practitioner, if deemed necessary, and transportation to a hospital if need be.
- I authorise Etobicoke Taekwondo/Deh Camp™ to use testimonials, photos or video images of my child in DehCamp™ brochures and online (social media) advertising.
- I certify that I am authorized to sign this form without the consent of any other person.
- I declare that I have read, understood and agreed to the contents of this **Physical Activity Readiness Questionnaire and Waiver.**

SIGNATURE: _____ DATE: ____/____/____

Must be signed by a parent or legal guardian 18 years of age or older

DehCamp™

Summer 2024



- ✓ Award-Winning Program
 - ✓ Unique Character Education
 - ✓ Safe & Secure Learning Environment
 - ✓ Physical Fitness & Taekwondo
 - ✓ Sports, Board Games
 - ✓ Movies, Swimming, Arts & Crafts
 - ✓ Campers 4–12 Years
 - ✓ Leaders 13 & 14 Years
- (Serve High School Community Hours)

Please Join Us:

Etobicoke Taekwondo & DehCamp™

100 Advance Road, Etobicoke ON, M8Z 2T7

416-236-5578

website: www.taekwondoit.com

e-mail: mkwamedeh@gmail.com

