



Health Form: _____ Medical Alert: Yes / No Indiv. Plan of Care: Yes / No Med. Authorization: Yes / No Name: _____	Health Form: _____ Medical Alert: Yes / No Indiv. Plan of Care: Yes / No Med. Authorization: Yes / No Name: _____	Health Form: _____ Medical Alert: Yes / No Indiv. Plan of Care: Yes / No Med. Authorization: Yes / No Name: _____
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[www.amitykd.com](http://www.amitykd.com)

152 Amity Rd (Stop & Shop Plaza)

New Haven, CT 06515

Phone: 203-387-9777

# 2024 World Champion Taekwondo Camps – Amity

Student's Full Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ M / F Age: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Address:

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

**X Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

- Extended Care (Available AM & PM): \$10/Hour
- Day Camps: \$70
- Spring & Summer Camp: \$350/Week
- Sibling Discount: 20%
- All students should bring a refillable water bottle and snacks.
- Full day students should bring a lunch (no peanuts).
- Please do not send any children showing signs of illness. - Summer camp attendees have the opportunity to get their next belt earlier.

Camp Dates	Time	Attending			Early Drop Off	Late Pick Up	Price	Total Price & Stamp
04/15 – 04/19	9 – 4	Full Day	Half Day	No	M T W T H F	M T W T H F		
06/17 – 06/21	9 – 4	Full Day	Half Day	No	M T W T H F	M T W T H F		
07/15 – 07/19	9 – 4	Full Day	Half Day	No	M T W T H F	M T W T H F		
08/05 – 08/09	9 – 4	Full Day	Half Day	No	M T W T H F	M T W T H F		