



Registration Form 2023

Okito America Summer Camp

Please ensure you read and complete all portions of this registration form.

Please contact us if you need any assistance or if you have any questions. Thank you.

6900 SW, Archer Road Gainesville, FL 32608 Tel: (352) 338-7262 www.okitoamerica.com.

Camper Name: _____ (one form per camper)

Father:

Last Name: _____

Mother:

Last Name: _____

First Name: _____

First Name: _____

Home Telephone #: (____) _____

Home Telephone #: (____) _____

Cell. #: (____) _____

Cell. #: (____) _____

Email: _____

Email: _____

Are there Special Circumstances that the camp should be aware of relating to the family situation?

Please note that if there are special custody arrangements the camp must have all necessary paperwork on file in the camp office.

MAILING ADDRESS OF FAMILY:

Street: _____ City: _____

Zip Code: _____

EMERGENCY CONTACT: (if above cannot be reached)

Name: _____ Telephone: (____) _____

Relationship: _____

IF BILLING ADDRESS IS DIFFERENT:

Name of Person to be billed: _____

Street: _____

City: _____ Zip Code: _____

Telephone #: (____) _____



FEE SCHEDULE:

Prices:

___ Half-Day Session - \$99/ week (7:30 am to 12:30 pm) OR (12:30 pm to 5:30 pm)

___ Full-Day Session - \$179/week (7:30 am to 5:30 pm)

___ One-Day Session - \$49 Day attending _____

(Three days or more count as a week)

PAYMENT SCHEDULE:

Deposit: (\$50 Non-Refundable Registration per child must accompany registration form)

Method of payment: ___ Check ___ VISA ___ MasterCard ___ Cash ___ ON FILE

Method of payment: ___ Check ___ VISA ___ MasterCard ___ Cash ___ ON FILE

Credit Card # _____

Expiration Date _____

Name on Card _____

CVC _____ ZIP CODE _____

A physician's examination is not required. Please complete this information to the best of your knowledge. Please inform the camp office in writing of any changes to your child's health prior to their arrival at camp.

Camper Name: _____

Age: _____

Birth date: _____

Health Card #: _____

Family Doctor: _____ Phone # _____

Does your camper have any allergies? Yes _____ No _____

If yes, what are they allergic to? _____

Does this allergy require an epi-pen? _____

Does your camper take any medication? Yes _____ No _____

If yes, what medication? _____

Please list any medication and doses that your camper will be taking at camp:

Please note that all medication must be in its original container and all instructions attached.

Are there any activity restrictions while at camp? _____

Are there any behavior/special considerations that the camp should know about to better facilitate their experience?



CHECKLIST:

Please read the following carefully to ensure that your Registration is processed correctly.

- All sections of the Registration Form must be completed.
- All Forms must be accompanied by a \$50 registration that is non-refundable
- Please ensure that you have signed where indicated in the Parent’s Authorization section.
- Please ensure that the camp has all appropriate information to help your camper have a successful camp stay.
- Any health information that changes, needs to be communicated to the camp IN WRITING before your child starts.

I hereby give consent for my child to participate in the full Okito America program and all activities (inside and outside the facility during the duration of the 2022 Summer Camp) unless I advise you in writing.

I give permission for Okito America Day Camp to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health, and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Okito America Summer Camp and its officers, servants or assigns from any liability concerning our child’s involvement in the Okito America programs and further agree that the use of all Okito America facilities is made at the risk of the registrant. In case of surgical emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

- We are no responsible for any lost, broken, or stolen items
- In case your child(ren) is (are) not feeling well, someone will need to pick him/her up to prevent other children from getting sick.
- Registrations must be accompanied by a \$50 Non-Refundable Deposit per camper.
- Full payment is required before the attending week, and there will be NO refunds for any payment.
- I understand that the Camp Administration reserves the right to dismiss a camper who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Camp.
 - Charges will appear on your statement under the name OKITO AMERICA
 - Outstanding balances after the 2022 summer camp ends will be charged interest of 1% per month.
 - A taekwondo uniform will be providing for only new full-time students attending more than a week.

PLEASE INITIAL

_____ Full payment is required, there will be no refunds – no exceptions.

_____/_____
Parent/Guardian Signature / Date



CAMP WEEKS:

Please initial which weeks your child will be attending camp:

- JUNE 5 - JUNE 9 Week 1
- JUNE 12 – JUNE 16 Week 2
- JUNE 19 – JUNE 23 Week 3
- JUNE 26 – JUNE 30 Week 4
- JULY 3 – JULY 7 Week 5 (Okito America will be closed on July 4th)
- JULY 10- JULY 14 Week 6
- JULY 17- JULY 21 Week 7
- JULY 24- JULY 28 Week 8
- JULY 31 – AUGUST 4 Week 9

_____/_____
Parent/Guardian Signature Date