



Registration Form 2024

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.

13146 NW 86th Dr Tech City Circle, Suite 100 Alachua, FL 32615 (386)206-5486 www.okitoamerica.com

Camper Name: _____ (one form per camper)

Father:

Mother:

Last Name: _____ 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: Please Select Desired Session

Prices:

___ Half-Day Session - \$99/ week (7:30 am to 12:30 pm) OR (12:30 pm to 5:30 pm) *Field trips not included*

___ Full-Day Session - \$179/week (7:30 am to 5:30 pm) *Field trips not included*

___ One-Day Session - \$49 Day attending _____ *Field trips not included*

(Three days or more count as a week)

___ Full-Day & Field Trip session- \$194/week (7:30 am to 5:30 pm) *Field trips are held 2-3 times a week*

___ Cooking Class session- \$65/per class (classes are held once a week at our Alachua City location)

___ \$15/week additional for Field Trip

PAYMENT SCHEDULE:

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

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

(A \$15 Late fee will apply to all payments made after payment due date)

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

Credit Card # _____

Expiration Date _____

Name on Card _____

CVC _____ ZIP CODE _____

PLEASE INITIAL:

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

Parent/Guardian Signature _____ / Date : _____



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 2024 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 2024 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:

_____ I agree and understand to the best of my knowledge all points stated above in Checklist



CAMP WEEKS:

Please initial which weeks your child will be attending camp:

- | | | |
|-------------------------|---------|--|
| ___ JUNE 3 - JUNE 7 | Week 1 | |
| ___ JUNE 10 – JUNE 14 | Week 2 | |
| ___ JUNE 17 – JUNE 21 | Week 3 | |
| ___ JUNE 24 – JUNE 28 | Week 4 | |
| ___ JULY 1 – JULY 5 | Week 5 | (Okito America will be closed on July 4 th) |
| ___ JULY 8- JULY 12 | Week 6 | |
| ___ JULY 15- JULY 19 | Week 7 | |
| ___ JULY 22- JULY 26 | Week 8 | |
| ___ JULY 29 – AUGUST 2 | Week 9 | |
| ___ AUGUST 5 – AUGUST 7 | Week 10 | (Okito America will be closed Aug. 8 th - 9 th) |

Parent/ Guardian Signature:

Date: