



# 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.*

6900 SW Archer Rd, Gainesville, FL 32608 Tel: (352) 338-7262 [www.okitoamerica.com](http://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

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(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:

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

\_\_\_\_\_  
Parent/ Guardian Signature:

\_\_\_\_\_  
Date: