



MWRKA SUMMER CAMP 2026

Registration Agreement

Chief Instructor

Sensei Andrew Watson

5th Dan Wado Ryu

Administrative Office
5020 Cavendish Boulevard
Montreal, Quebec H4V 2R3
Tel: 514-229-5513

Please complete this registration form and submit it by e-mail along with payment prior to the selected camp dates.

montrealwadoryuassociation@gmail.com

REGISTRATION INSTRUCTIONS

This registration form outlines the information, policies, and conditions for participation in the Montreal Wado Ryu Karate Association (MWRKA) Summer Camp.

Please complete the form in full and submit it by email together with full payment for the selected camp week(s). Registration is confirmed once full payment has been received and processed by MWRKA.

ENROLLMENT & PAYMENT POLICY

- All scheduled outings and planned activities are included in the tuition fees.
- Enrollment is limited and is confirmed **only upon receipt of full payment** for all selected camp weeks.
- Submitting this form without payment does not guarantee a spot or confirm registration.
- Official receipts for tax purposes will be issued.

Accepted Payment Methods

- Cheque (*payable to Montreal Wado Ryu Karate Association*)
 - Cash
 - e-Transfer to *montrealwadoryuassociation@gmail.com*
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TUITION & FEES

Full Day Camp (9:00 a.m. – 3:00 p.m.)

\$300 per week per child (MWRKA members)

\$350 per week per child (non-members)

\$600 per week for two children from the same family

Optional Services

Early Drop-Off (8:00 a.m. – 9:00 a.m.): **\$25 per week**

Late Pick-Up (3:00 p.m. – 4:00 p.m.): **\$25 per week**

Payment Deadline

Tuition must be paid no later than the **first day of the month** in which the selected camp week occurs. Failure to remit payment by the applicable deadline may result in cancellation of registration without notice.

WITHDRAWAL, CANCELLATION & ABSENCE POLICY

Written notice of withdrawal or schedule modification must be provided at least **fifteen (15) days** in advance. No refunds are issued for late withdrawals, no-shows, or absences. The parent or legal tutor remains financially responsible for the full camp tuition until a replacement camper is registered. Missed days are non-refundable, and make-up days are not guaranteed and are subject to availability. These conditions reflect the operational commitments of the program.

CAMP CONDUCT & EARLY DISMISSAL

MWRKA maintains standards of **respect, self-discipline, safety, and appropriate conduct**.

Any disciplinary measure, including suspension or dismissal, will be **reasonable and proportional**, based on the safety and well-being of the child and group. Parents or legal tutors will be notified as soon as reasonably possible.

In cases of serious misconduct requiring immediate dismissal, no refund will be issued.

Due to the nature of camp activities and staffing limitations, children requiring specialized behavioral or learning support are encouraged to seek programs offering adapted services. MWRKA may recommend external organizations, including adamacanada.org.

TRANSPORTATION & OUTINGS

Camp activities may include walking outings, off-site activities, and transportation under the supervision of MWRKA staff and volunteers. Any transportation provided is conducted by licensed and insured drivers in compliance with Québec road safety laws, including the mandatory use of seatbelts. MWRKA shall not be held responsible for incidents arising from such transportation except in cases of gross negligence or intentional misconduct, as defined under Québec law.

ELECTRONIC DEVICES

Campers may bring electronic devices; however, **use during camp hours is prohibited**.

All devices must remain powered off during program activities.

MWRKA assumes **no responsibility** for loss, theft, or damage to personal property.

CAMP SCHEDULE

Camp Dates: June 29 – August 7, 2026

Camp Hours: Full Day Camp, 9:00 a.m. – 3:00 p.m.

Early drop-off and late pick-up services are available for an additional fee.

Selected Camp Week(s): *(please check all that apply)*

- June 29 – July 3
- July 6 – July 10
- July 13 – July 17
- July 20 – July 24
- July 27 – July 31
- August 3 – August 7

Camper's Name: _____

PARENT OR TUTOR INFORMATION *(PLEASE PRINT)*

Full Name: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ Occupation: _____

Home Address

Street: _____

City: _____ Postal Code: _____

SECOND PARENT OR TUTOR *(IF APPLICABLE)*

Full Name: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ Occupation: _____

Home Address

Street: _____

City: _____ Postal Code: _____

AUTHORIZED PICK-UP

Only the following individuals, other than the parent(s) or legal tutor, are authorized to pick up the child:

HEALTH INFORMATION

RAMQ Number (optional): _____

Provided solely for emergency medical identification purposes.

Primary Care Physician & Phone Number:

Allergies:

Food Allergies or Restrictions: _____

Medication Allergies: _____

Other Allergies or Conditions: _____

Current Medications (if any):

MWRKA staff may assist with prescribed emergency medication only (e.g., EpiPen, inhaler) when provided with written instructions. Staff are not authorized to administer non-emergency medication.

Known or Suspected Behavioral, Mental, or Developmental Conditions:

Additional Comments or Information:

Failure to disclose relevant health or behavioral information may compromise the child's safety and may result in dismissal without refund.

CAMPER INFORMATION

Child's Full Name: _____

Date of Birth (YYYY/MM/DD): _____

Age / Grade (June 2026): _____

T-Shirt Size (Youth): S M L XL

AUTHORIZATION, CONSENT & LIABILITY ACKNOWLEDGEMENT

(Please read carefully before signing)

I, the undersigned parent or legal tutor, authorize my child to participate in all indoor and outdoor activities offered as part of the Montreal Wado-Ryu Karate Association (MWRKA) Summer Camp program. I understand that participation in martial arts instruction, physical training, games, outings, and related activities carries inherent risks, including but not limited to falls, physical contact, strains, and minor injuries. MWRKA, its instructors, staff, volunteers, and directors shall not be held liable for injuries, losses, or damages arising from normal camp activities, except in cases of gross negligence or intentional misconduct, as defined under Quebec law.

I authorize the Montreal Wado-Ryu Karate Association (MWRKA) and its staff to obtain emergency medical care for my child listed above if deemed necessary, including first aid and cardiopulmonary resuscitation (CPR). Reasonable efforts will be made to contact me in the event of an emergency.

I acknowledge that I am responsible for ensuring that my child has appropriate accident and health insurance coverage while participating in MWRKA Summer Camp.

I acknowledge that any undisclosed medical, behavioral, or developmental concerns that affect my child's safe participation may result in dismissal from the program without refund.

PERSONAL INFORMATION & PRIVACY (LAW 25)

Personal information collected is used solely for camp administration, safety, emergency response, billing, and legal compliance. Information is accessible only to authorized personnel and disclosed only where required by law or in emergencies.

Requests for access, correction, or deletion may be made to: montrealwadoryuassociation@gmail.com

EMERGENCY CONTACTS

1. **Name:** _____ **Phone:** _____

2. **Name:** _____ **Phone:** _____

SIGNATURE

By signing below, I confirm that I have read and understood this agreement, agree to comply with all of its terms and conditions, and certify that the information provided on this form is accurate and complete.

Additional Form Required

To complete registration for MWRKA Summer Camp, a separate **Waiver and Release of Liability Form** must be completed and signed by a parent or tutor.

Parent / Tutor Signature: _____

Print Name: _____

Date: _____

This agreement is available in French upon request.
Une version française de ce document est disponible sur demande.

Montreal Wado Ryu

KARATE ASSOCIATION

Summer Camp

514.229.5513

dojo-mwrka.com

montrealwadoryuassociation@gmail.com

Child's First Name Child's Family Name

Address Postal Code

Date of Birth Age

Camp Week(s) Attending:

Parent/Guardian Name Phone Number

Email



Does your child suffer from any of the following?

Please note: if your child is on medication, their heart rate may become unstable during training. If you are unsure, please notify the trainer.

	yes	no
HAY FEVER	<input type="checkbox"/>	<input type="checkbox"/>
EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>
HEMOPHILIA	<input type="checkbox"/>	<input type="checkbox"/>
NERVOUS DISORDER	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>
HEART DISORDER	<input type="checkbox"/>	<input type="checkbox"/>



Any other medical condition or allergy (please specify): _____

Do you accept that karate is a contact sport and therefore may carry a risk of serious personal injury to your child and others?

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge that I have been made aware of the rules, by-laws, procedures, policies, and regulations that are permanently posted on our website dojo-mwrka.com, and that these have been explained to me during induction.

PHOTO & VIDEO CONSENT

I consent to photographs and/or video recordings of my child being taken during activities for promotional or educational purposes.

My child's name will not be used or tagged.

yes	no
<input type="checkbox"/>	<input type="checkbox"/>

WAIVER & RELEASE OF LIABILITY

I, the undersigned parent or legal guardian of the minor child named above, confirm that I have read and understood the rules, regulations, and by-laws of the Montreal Wado Ryu Karate Association.

I acknowledge that my child's participation in martial arts activities is physically demanding and involves inherent risks. I voluntarily consent to my child's participation and confirm that my child is participating voluntarily under my supervision and responsibility.

In consideration of my child being permitted to participate, I hereby release and discharge the Montreal Wado Ryu Karate Association, its instructors, officers, directors, members, employees, volunteers, and authorized guests from any and all claims, demands, or liability arising from my child's participation, except where prohibited by law.

I acknowledge that it is my responsibility to consult a physician to ensure that my child is physically capable of participating in the activities.

I understand the provisions of this document and sign it freely and knowingly on behalf of my child.

Child's Name (please print): _____

Parent/Legal Guardian Name (please print): _____

Signature of Parent/Legal Guardian: _____

Date (yyyy/mm/dd): _____