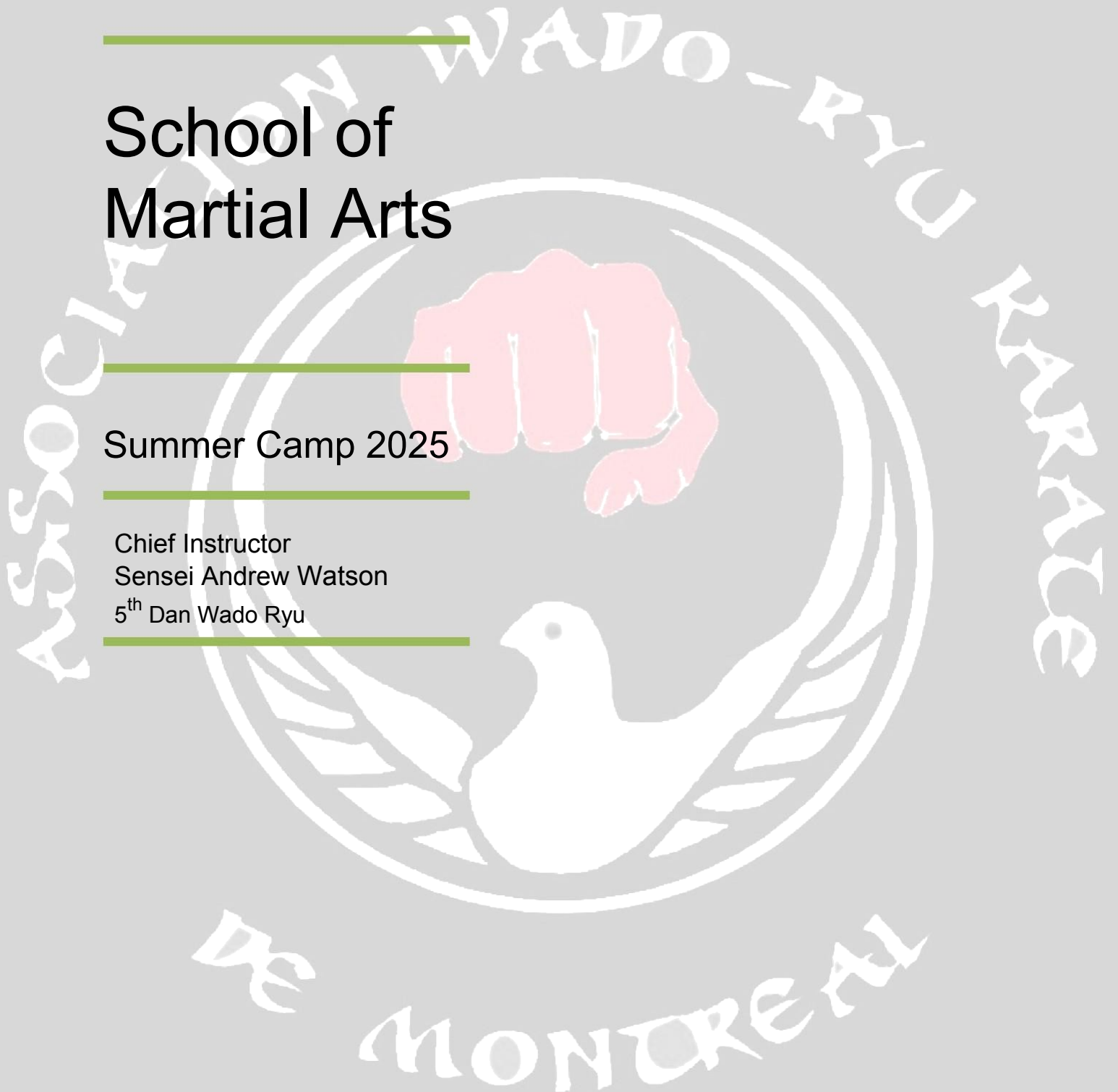

School of Martial Arts

Summer Camp 2025

Chief Instructor
Sensei Andrew Watson
5th Dan Wado Ryu



MWRKA SUMMER CAMP

REGISTRATION & CONTRACT 2025

School of Martial Arts

5020 Cavendish Boulevard
Montreal Quebec H4V 2R3
514-229-5513

MWRKA SUMMER CAMP REGISTRATION & CONTRACT

Please complete this form and e-mail it to us at montrealwadoryuassociation@gmail.com along with your payment, before the selected camp dates.

Payment

Please note that your child will not be officially enrolled in the chosen week(s) until we have received full payment for the total number of weeks.

All outings are included in the tuition fees.

We accept cheques (payable to Montreal Wado Ryu Karate Association), cash, or e-Transfer to montrealwadoryuassociation@gmail.com.

Receipts for tax purposes will be issued.

Tuition

Tuition is due on the first day of the month in which your camp week takes place. Example: If you wish to sign up from July 7-11, your full tuition is due by July 1.

Full Day Camp: \$300 per week (member)
 \$350 per week (non-member)

Early Drop off: \$15 per week

Late Pick up: \$15 per week

Both Early & Late: \$20 per week

MWRKA SUMMER CAMP

REGISTRATION & CONTRACT 2025

Policy on withdrawals, last-minute cancellations, missed days, and related matters:

When registering for summer camp in advance, please ensure you notify us of any schedule changes at least 15 days in advance. As we accommodate a limited number of children in our camps, last-minute cancellations significantly impact our ability to run the program effectively.

Likewise, no refunds will be given for dropping out without notice, or for registering and then not attending. In the event of no-shows, cancellations, or similar situations, MWRKA will hold you financially responsible for the full camp tuition until we can find a suitable replacement camper(s).

Also, if your child misses any days of camp, please understand that while we are happy to work with you to accommodate make-up days, we cannot guarantee availability of space.

Campers may bring electronic devices, but they are **NOT PERMITTED** to use them during camp hours. All devices, including phones and iPads, must be turned off.

Dismissal Policy

MWRKA has a philosophy of self-discipline, respect and safety. **MWRKA** expects, respectful, safe and gentle behaviour at all times. Given the nature of this expectation, children with a disclosed or undisclosed behavioural difficulty, children displaying unacceptable behaviour, or cannot perform to these standards while attending **MWRKA**, will be dismissed early, suspended or expelled. Children who are dismissed early, suspended or expelled for any reason are not entitled to a refund or credit or release from financial obligations.

Due to the nature of our camp activities and health and safety protocols, we ask that children with a learning disability or behavioural issue contact adamacanada.org for karate camps providing specialized staff and services

Camp starts June 23 and ends August 15 2025

Please select your preferred camp weeks by marking the corresponding options and including the Camper's Name. Remember that early drop-off or late pick-up can be arranged for an additional fee!

June 23 – June 27

o Full Day Camp (9:00am – 3:00pm)

Camper's Name: _____ ***FULL*** _____

MWRKA SUMMER CAMP

REGISTRATION & CONTRACT 2025

June 30 – July 4

o Full Day Camp (9:00am-3:00pm)

Camper's Name: _____ **FULL** _____

July 7 – July 11

o Full Day Camp (9:00am-3:00pm)

Camper's Name: _____

July 14 – July 18

o Full Day Camp (9:00am-3:00pm)

Camper's Name: _____

July 21 – July 25

o Full Day Camp (9:00am-3:00pm)

Camper's Name: _____ **FULL** _____

July 28 – August 1

o Full Day Camp (9:00am-3:00pm)

Camper's Name: _____ **FULL** _____

August 4 – August 8

o Full Day Camp (9:00am-3:00pm)

Camper's Name: _____

August 11 – August 15

o Full Day Camp (9:00am-3:00pm)

Camper's Name: _____ **FULL** _____

MWRKA SUMMER CAMP

REGISTRATION & CONTRACT 2025

Parent/Legal Guardian Information (PLEASE PRINT):

Full Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Occupation: _____

(Please provide the best way to contact you during camp)

Home Address:

Street

City

Postal Code

2nd Parent Information (PLEASE PRINT):

Full Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Occupation: _____

(Please provide the best way to contact you during camp)

Authorized Individuals to Pick Up Your Child:

Please list people (other than parents) who are authorized to pick up your child at any time during camp. Is there anyone NOT authorized?

MWRKA SUMMER CAMP

REGISTRATION & CONTRACT 2025

Health Information:

Medicare Number (please provide a photocopy of the card): _____

Medicare Expiry Date: _____

Child's Primary Care Physician & Phone #: _____

Allergies:

Medication Allergies: _____

Food Allergies or Restrictions: _____

Other Allergies or Conditions: _____

Current Medications:

Known or Suspected Behavioral, Mental, or Developmental Conditions:

Additional Comments or Information:

MWRKA SUMMER CAMP

REGISTRATION & CONTRACT 2025

Camper(s) Information:

Full Name Nickname Birth Date (yyyy,mm,dd) Grade/Age in June 2025

T-shirt Size (youth)

Child #1: S M L XL

Child #2: S M L XL

Child #3: S M L XL

Please Read & Sign:

I, the parent or legal guardian, hereby authorize MWRKA to act in accordance with their best judgment in any emergency requiring medical attention for the child or children listed above. I also grant permission for MWRKA staff to administer CPR if necessary. I understand that it is my responsibility to provide accident and health coverage for the child or children named above while attending MWRKA Summer Camp. Additionally, I authorize my child or children to participate in all indoor and outdoor activities offered by MWRKA. I acknowledge that any undisclosed behavioral issues may lead to my child's dismissal from the program, and in such cases, I understand I will not be eligible for a refund. I agree not to hold MWRKA liable for any common accidents that may occur while my child(ren) are in MWRKA's care. I consent to the use of photos and/or videos of my child(ren) for MWRKA's marketing purposes. By signing, I confirm my agreement with all written, posted, and verbal MWRKA policies, and I pledge to be a respectful and supportive parent who appreciates the efforts of my child's caregivers.

Emergency Contact Information (in case of illness or injury):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Parent/Legal Guardian Signature: _____ Date: _____

(Print Name): _____