



Club KO Training Center

Dare to Be the Best | Where Warriors are Born

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Club KO Training Center 2012 Summer Camp Registration

Please Print:

Date of Registration _____

Child's Name _____ Age (Must be 10-13) _____ Birth Date: ____/____/____ Boy ___ Girl ___

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax # _____ E-Mail _____

This will be my _____ participation in **Club KO's** Summer Camp Program. I have been a Member of **Club KO** since _____

Parent's Name: _____ Work # _____ Cell # _____

Parent's Name: _____ Work # _____ Cell # _____

Emergency Contact's Name: _____ Phone# _____

Are there any medical conditions of which we should be alerted? If yes, please explain.

How did you hear about **Club KO** Camp? _____

THE FOLLOWING SECTION MUST BE SIGNED BY PARENT AND /OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I understand that the **Club KO Corp** does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below. I authorize **Club KO Corp** to use any of my credit cards on file to pay for medical bills and/or prescription drugs.

Rules are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all members will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that **Club KO CORP** has the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

(continued on the next page...)

I agree to the following policies regarding camp fees: Deposits are non-refundable; No refunds will be given for canceling within 14 days of my child's camp session; No refunds are given if a member is dismissed from camp due to disciplinary action; No **refunds** are given if member leaves due to homesickness or personal commitments. Account balances are due by June 9, 2011 and I authorize the **Club KO Corp** to charge any fees due at that time to any of my credit cards on file (if applicable). Any registration submitted on June9, 2011 or later must be paid in full at the time of registration.

Club KO Corp has my permission to use photographs taken of my child while at camp for promotional purposes.

Rules:

- All children being dropped off in the morning prior to 8:30am must have had breakfast.
- Food and snacks are available for purchase within the facility. We recommended that parent please provide their child/children with money to purchase the food and/or snacks.
- Safety is a primary concern at **Club KO**; parents are required to provide contact information and details of anyone responsible for daily child pick up.
- Members **MUST** be picked up and dropped off on time. Late pickups will result in late fees.
- If your child is sick, he will be sent home.
- Misbehavior/ Misconduct is prohibited at **Club KO**; repetitive offenses will result in a non-refundable termination of Summer Camp Membership.
- Staff must be informed of any medical issues prior to signing up, so proper accommodations can be made.

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Signature of parent(s)/guardian(s): _____ **Date:** ____/____/____

2011 Club KO Training Center Boxing Summer Camp Periods

Each Session is 2 week timeframe. Program is for 10-13 years old.

Camp Dates: June 13 – August 19, 2012

___ Session 1	June 13 – June 25, 2012
___ Session 2	June 27 – July 8, 2012
___ Session 3	July 11 – July 22, 2012
___ Session 4	July 25 – August 5, 2012
___ Session 5	Aug. 5 – August 19, 2012

A **\$179** non-refundable deposit must accompany registration and is applied toward the total camp fee per session. The total camp fee is due in full by June 9th, 2012. Any registration submitted on June 9, 2012 or later must be paid in full at time of registration. A **\$25 Registration Fee** will be charged per session.

Presently Active Club KO Members receive a **\$25.00** discount from their registration fee per

We accept Visa, Master Card and cash payments made payable to:

Card _____ Exp. Date _____ Account Number _____

Card Holder _____ Amount Paid _____

For more information, please call us at **954-432-3939**.