



## Toronto Kyokushinkai Karate and Kickboxing Camp Registration Form

Camper Information:

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M / F / O

Age \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Parent / Guardian 1

Parent / Guardian 2

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Home / Mailing Address:

Street \_\_\_\_\_

Unit Number \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Health Card Number \_\_\_\_\_

Does your child have any injuries and/or medical conditions and/or illnesses, Dietary or allergies?

Yes  No  If yes, please list all:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child been diagnosed with ADHD, Autism, has Exceptionalities or any similar special needs? This camp is not equipped or trained as a special needs camp. If yes please contact us to discuss and confirm before paying for your registration. We can sometimes try to accommodate on best effort, case by case basis.

Yes  No  If yes please list all:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name if other than Caregiver above: \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_



**PA DAY CAMP 9 AM – 5 PM \$60 PER DAY**

2024: September 27                      October 11                      November 15                       November 29

2025: January 17                      February 14                      June 6

Extended hours 8 AM – 6 PM (\$15/day)

**WINTER CAMP 9 AM – 5 PM**

Week 1: December 23, 24, 27 \$180                      Week 2: December 30, 31 January 2, 3 \$240

Extended Hours 8AM – 6PM (\$15/day)

**MARCH BREAK CAMP 9 AM – 5 PM**

2025: March 10 – 14 \$300                      Extended Hours 8AM – 6PM  \$60 per week inclusive

**2025 SUMMER CAMP 9 AM – 5 PM**

WK 1 June 30 \$240                       WK 2 July 7 \$300                       WK 3 July 14 \$300                       WK 4 July 21 \$300

WK 5 July 28 \$300                       WK 6 Aug 5 \$240                       WK 7 Aug 11 \$300                       WK 8 Aug 18 \$300

WK 9 Aug 25 \$300                       Extended Hours 8AM – 6PM  \$60 per week inclusive

**Payment Information:**

Total Payable: \$ \_\_\_\_\_

MasterCard                      Visa                      AMEX

Expiry Date (MM/YYYY) \_\_\_\_\_ Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ CVV#: \_\_\_\_\_

Signature \_\_\_\_\_

Payment can also be made by email transfer to [info@torontokyokushin.com](mailto:info@torontokyokushin.com) or paid online from our website at [www.torontokyokushin.com](http://www.torontokyokushin.com) and selecting “Camps” under the Karate Shop Button.



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## CAMP PARTICIPATION WAIVER, CANCELLATION AND MEDICAL CONSENT STATEMENT

I understand as a parent / guardian of a child who is a participant in Camp at Toronto Kyokushinkai Karate, will participate in activities on the Toronto Kyokushinkai Karate premises as well as at local parklands, playgrounds, the waterfront beach and other outdoor areas. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities. I agree that Toronto Kyokushinkai Karate, its trustees, officers, directors, employees, agents and independent contractors, shall not be liable for any injury to my child or any loss / damage to my child's personal property arising from, or in any way resulting from, my child's participation in these activities.

I understand that the risk of injury from the activities involved in karate are significant, including the potential of permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury still does exist.

Failure to disclose any medical, special need or other exceptionalities may result in cancellation of camp registration without refund at the camps discretion. This could be prior to or during camp as situation may require.

I acknowledge that violent, unsafe or abusive behaviour (verbal or physical) by my child will not be tolerated and could result in cancellation of registration without refund at the camps discretion. This includes hitting, fighting, verbal threats or violent statements. Our program is a non-violence program. This excludes sanctioned and supervised Karate training during Karate classes.

I authorize Toronto Kyokushinkai Karate to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

Camp registration fees are not refundable unless camp is interrupted by government / municipal closures (COVID19 or similar). Camp fees can be held as credit for future programs/use if fully used within 6 months of camp cancellation notification.

I do hereby consent to any reproductions of my likeness created in any manner whatsoever, photographed, filmed or videotaped in connection with their attendance at Toronto Kyokushinkai Karate can be used for instruction, publicity, promotion or broadcast and waive any and all compensation in regards thereto.

I certify that the information provided in this registration form is, to my knowledge, true and complete. I have read and understood the above waiver and consent and confirm that I am the parent or legal guardian of the child mentioned herein who is a minor. I confirm that I have the complete custody, care and control of the minor and have the legal authority to sign this consent and waiver on behalf of the minor and that the consent of no other person or entity is required.

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Print Name of Parent / Legal Guardian

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Signature of Parent / Legal Guardian

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Date mm/dd/yyyy