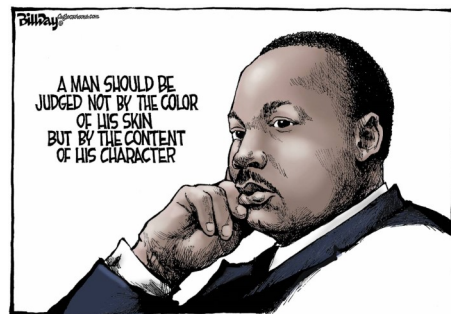


# Chamberlain Studios of Self Defense™

## Registration for MLK Day Camp 2018!

Monday, January 15, 2018 8:30am - 4:00pm

### Lakewood Dojo



- Forms may be submitted by fax, email & USPS anytime, or by hand to the Lakewood dojo office (during class times).
- Include full tuition with registration form(s).
- **There is a 25% sibling discount for the 2<sup>nd</sup> & additional kids.**
- We are offering **EXTENDED DAY** for this Camp (must be scheduled **IN ADVANCE**). Cost is listed below (per day).  
Early Drop off and/or Lake Pick up available.
- Master Card, VISA and Discover accepted.  
Checks should be made payable to CSSD.
- Students should bring a sack lunch and 2 snacks.

Mail, Deliver, Fax or Email the registration form:  
**Chamberlain Studios of Self Defense™**  
2114 Kidwell St. Dallas, TX 75214  
Phone: 214-351-5367 Fax: 214-366-3916  
Email: [info@DallasKenpo.com](mailto:info@DallasKenpo.com)

### 1. Student Information (please use one form for each child)

Student Name \_\_\_\_\_ Date: \_\_\_\_\_  
Age \_\_\_\_\_ Day School Attending \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Parent's/Guardian's Names \_\_\_\_\_ E-mail address \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Father's Work \_\_\_\_\_ Cell \_\_\_\_\_ Mother's Work \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
How did you hear about us? Website \_\_\_ Friend \_\_\_ Existing Student \_\_\_ School Brochure \_\_\_ Other: \_\_\_\_\_

### 2. Camp tuition:

Tuition rates for Campers	Camp Day Mon. 1/15/18	Extended Day: Early Drop: 7:45a - 8:25a	Extended Day: Late PickUp: 4:05p - 5:00p	Total \$ Due
First student:	\$85	\$10	\$10	
Sibling tuition: 25% Discount	\$64	\$7	\$7	

### 3. Credit Card Payment

Payment by: Master Card \_\_\_ VISA \_\_\_ DISC \_\_\_ Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

### 4. Releases

Does student take prescription medication? Yes \_\_\_ No \_\_\_ If yes, what medication \_\_\_\_\_ why? \_\_\_\_\_

**In case of accident or injury**, I hereby certify that the above named student is to be given any emergency treatment necessary at any hospital reasonably accessible.

Parent/Guardian Signature: \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

### Photography Release:

I hereby permit CSSD to use, in whole or in part, photographs and or videos, of the above named student for the purpose of illustrations and publications including our website. No student names will be published.

\_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

