



SEALY

KARATE SCHOOLS

"STRENGTH IS IN UNITY"

SEALY KARATE SCHOOLS SUMMER ACTIVITY CAMP

(519) 821-KICK (5425)

sealykarate.ca

Monday – Friday 9am – 4pm

July 5 – 9, 12 – 16, 19 – 23 and August 9 – 13, 16 – 20, 23 – 27, 2010

(ASK ABOUT OUR EARLY DROP-OFF & LATE PICK-UP)* Minimum of 6 per week

Tentative Daily Schedule

9:00-10:00 Stretch and morning workout
10:00-10:15 Change and Snack Time
10:15-11:30 Hiking / Park / Outside Time
11:30-12:15 Daily Karate Curriculum Class
12:15-1:00 Lunch
1:00-1:30 Reading
1:30-3:00 Outside Time
3:00-4:00 Afternoon workout and games



What you need to bring:

Your Gi, outdoor clothes (hat, sunscreen, bathing suit, towel), lunch & snacks, games, books to read (small children will be helped)

Cost:

B.B.M.	\$132/Week*	\$35/Day*
Members	\$150/Week*	\$40/Day*
Non-Members	\$175/Week*	\$45/Day*

*plus H.S.T.

25% off for ½ days, ½ weeks & second family members.

Special classes will include grappling, throws, falls & takedowns, self-defense & end of week pizza party and demo for parents. We may have "out-of-school" day trips throughout the summer (rock climbing, water park, playground) permission forms will need to be signed for each participant.

Here is your chance to get a great deal with our **SUMMER CAMPS...** if you sign up with **Sealy Karate** and then sign- up with **Pablo's World of Cartoons** you will get **15% off on both camps...** You will learn **Karate** and **Cartooning**, which means more fun for your child.

Check out our programs at
www.sealykarate.ca
www.quepharts.ca/pablo

THIS SECTION FOR NON-MEMBERS ONLY:

Name _____	Method of Payment	<input type="checkbox"/> Visa	<input type="checkbox"/> Cheque
Address _____		<input type="checkbox"/> Master Card	<input type="checkbox"/> Debit
Email Address _____	Credit Card # _____	Exp. Date _____	
Phone _____	Signature _____		
	Child's Height in feet & inches (uniform size) _____		

Registration/Permission Form

Please return form with payment plus HST. Please write emergency Numbers and health card numbers and any special medical information On this slip and sign.

PLEASE INDICATE WHICH DAYS/WEEK/WEEKS YOU WILL ATTEND

I understand and agree that Sealy Karate will not be held liable for any Injuries, damages, etc. not caused by or resulting from the negligence of The owner, operators or persons in charge of such establishment, or their agents, servants or employees.

PARENTS SIGNATURE: _____

Camper's Name _____

Health Card
Health Information _____

Date Attending _____

Amount Paid _____