



SEALY

KARATE SCHOOLS

www.sealykarate.ca

519-821-KICK (5425)

# SEALY KARATE SCHOOLS MARCH BREAK CAMP

March 14th, 15th, 16th, 17th, & 18th, 2011

9 am - 4 pm

Earlier drop off and later pick up times are available, just call!

We reserve the right to cancel our camp, as we require a MINIMUM OF 6 students PER WEEK.

### What your child will need to bring:

- Karate-gi
- Appropriate Outdoor Clothing (including hat, scarf, mitts/gloves, boots & snow pants)
- Ice Skates and Protective Gear
- An Extra Change of Indoor Clothing
- A Bottle of Water
- Lunch & Snacks
- A Favorite Board Game
- A Favorite Book to Read



Our Dojo is a Media Free Zone.

No television, and no video games are permitted.

### We have an exciting schedule planned for our holiday campers! You can find our schedule of planned activities attached. Here are some of the highlights:

- Daily Themes—to promote team spirit.
- Special Karate Camp Classes—katas, sparring, grappling, weapons, throws, falls & take-downs, self-defense
- Outdoor Winter fun—such as tobogganing, skating and snow shelter building!
- Indoor Arts and Crafts—lots of different mediums to work with.
- Creative Play—we will help bring out your child's imagination with a variety of outdoor imaginative play.
- We promise to send our campers home ready for bed early every night, as we will be getting TONS of exercise!

#### Cost:

|             |               |    |          |
|-------------|---------------|----|----------|
| Non Members | \$175.00/week | or | \$45/day |
| Members     | \$150.00/week | or | \$40/day |
| B.B.M       | \$132.00/week | or | \$35/day |

(25% off for 1/2 days, 1/2 weeks & second family members.)

## Registration/Permission Form

Please return this form with your payment. Please make sure to include emergency phone numbers, health card numbers and any special medical information on this slip and sign.  
PLEASE INDICATE WHICH DAYS / 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 Personal Information

Camper's Name \_\_\_\_\_

Camper's Birth- \_\_\_\_\_

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

Important Health Information \_\_\_\_\_

### Parent Contact Information

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Home Address \_\_\_\_\_

### Payment Information

Method of Payment  Visa  Check  
 MasterCard  Debit

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

Dates Attending \_\_\_\_\_

Amount \_\_\_\_\_