



**SEALY**  
**KARATE SCHOOLS**



# SEALY KARATE SCHOOLS

## MARCH BREAK CAMP

**Monday - Friday 9 am - 4 pm.**  
**March 15 to March 19, 2010**  
**(ASK ABOUT EARLY DROP OFF AND LATE PICK UP) \*MINIMUM OF 6 PER WEEK**

**Tentative Daily Schedule**

**9:00-10:00** *Stretch and morning workout.*

**10:00-10:15** *Change & 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, scarf, mittens, snow suit), 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 G.S.T  
 25% off for 1/2 days, 1/2 weeks & second family members.

Special classes will include grappling, throws , falls & take-downs, self-defense & end of week pizza party and demo for parents.

We may have an "out-of-school" day trip this week (ie: Guelph Grotto, Bulldog Interactive Fitness, playground) , permission forms will need to be signed for each participant.

**This section for Non-members only:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Phone \_\_\_\_\_

Method of Payment  Visa  Check  
 MasterCard  Debit

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

Signature \_\_\_\_\_

Child's Height in feet & inches (uniform size) \_\_\_\_\_

### Registration/Permission Form

Please return form with payment plus GST. Please write emergency numbers and 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 Name \_\_\_\_\_

Camper's Address \_\_\_\_\_

\_\_\_\_\_

Health Card & Health Information \_\_\_\_\_

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

Amount Paid: \_\_\_\_\_