

**Early Registration: 01/13/2025 - 2/8/2025 | required 3 week deposit per camper by 2/8/25**



## USTMA SUMMER CAMP REGISTRATION 2025 (EARLY)

United States Taekwondo Martial Arts Academy  
 9 Cardinal Park Drive S.E. Leesburg VA 20175 | [info@ustma.com](mailto:info@ustma.com) | 703 777 1000

**Please fill in all sections of this form & email it to us to register your child for summer camp.  
 Full remaining payment is due by June 1, 2025.**

<b>Camper 1:</b>		<b>Date of Birth:</b>	
<b>Camper 2:</b>		<b>Date of Birth:</b>	
Home Address			
<b>Parent/Guardian Full Name:</b>		Relationship to Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			
<b>Parent/Guardian Full Name:</b>		Relationship To Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			
<b>Emergency Contact Name:</b>		Relationship To Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			

### Students Medical Information

Allergies or Intolerances & Emergency Action Plans	
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### Liability Waiver

*Please read the liability waiver below carefully*

USTMA agrees to notify the student's parent(s)/guardian(s) designated on the front of this form if the child becomes ill and the student's parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so required. The student's parent(s)/guardian(s) authorized USTMA to obtain immediate medical care for the student if any emergency occurs and the parents/guardians cannot be immediately contacted. The student's parent(s)/guardian(s) agree to inform USTMA with in 24 hours of the next business day after the child or any member of the immediate household has developed reportable communicable disease, as defined by the Stated Board of Health, except for life threatening diseases which must be reported immediately. I understand that strict observance of the rules and regulations of USTMA relative to the provided training will largely eliminate the possibility of accident or injury. However, I hereby waive any claims of personal injury or damage against USTMA, its principles, coaches, instructors, agents or employees in any case resulting from the subject activity. If any injury should occur, I will file the claim through my own insurance carrier. I give permission for my children to be photographed during the course of regular activities to be used for USTMA advertising and social media. I understand that all incurred fees are non-refundable and non-transferable. I hereby acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

USTMA Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Payment Method

*Please select your payment type*

I will come in and pay cash or by personal check. ( Please make out personal checks to USTMA)

I would like USTMA to bill me with the below credit card details.

How often would you like to be billed?  : All at once  : Monthly

### Credit Card Billing Information

*Please fill in all sections below even if we have it on file.*

Card Holder Name: \_\_\_\_\_

CC Account No: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

*I authorize USTMA U.S. Taekwondo Martial Arts Academy to charge my above credit card for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account and that I reserve the right to cancel this authorization at any time.*

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

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**EARLY Registration Summer Camp Pricing**

*Please select the needed session for each camper.*

<b>USTMA Member</b>	\$265 per week - 1st child	<b>Non USTMA Member</b>	\$365 per week - 1st child
	\$240 per week - 2nd child		\$330 per week - 2nd child
	\$220 per week - each additional		\$300 per week - each additional
	\$60 per day + \$10 if field trip day		\$80 per day + \$10 if field trip day

**Camp Sessions & Dates**

*The camper with the most days of camp must be represented as "1st Camper".*

**PLEASE INDICATE WHICH WEEKS YOUR CHILDREN WILL BE ATTENDING.**

**1st Camper**

**(child attending majority of sessions)**

**2nd Camper**

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

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

<input type="checkbox"/>	Session 1: June 16 - 20
<input type="checkbox"/>	Session 2: June 23 - 27
<input type="checkbox"/>	<b>USTMA WILL BE CLOSED 6/30 - 7/5</b>
<input type="checkbox"/>	Session 3: July 7 - 11
<input type="checkbox"/>	Session 4: July 14 - 18
<input type="checkbox"/>	Session 5: July 21 - 25
<input type="checkbox"/>	Session 6: July 28 - August 1
<input type="checkbox"/>	Session 7: August 4 - 8
<input type="checkbox"/>	Session 8: August 11 - 15

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<input type="checkbox"/>	Session 7: August 4 - 8
<input type="checkbox"/>	Session 8: August 11 - 15

**Full payment is due by JUNE 1, 2025**

If you have any questions please feel free to contact us: [info@ustma.com](mailto:info@ustma.com) | 703 777 1000

**USTMA REPRESENTATIVE PAYMENT NOTES ( Please do not write in this section ) :**

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