

2024 Summer Break Weekly Camps

101 So. Coombs Street, Suite K, Napa, CA 94559

Camp Enrollment and Payment Agreement

PLEASE WRITE LEGIBLY

Name of party responsible for payment _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone Contact (s) _____ Email _____

Names and ages of students participating in camp

1. _____ Date of Birth _____ Age _____

2. _____ Date of Birth _____ Age _____

The undersigned hereby agrees to pay for the camps enrolled, under the terms and conditions set forth on this contract. I also understand that my child's picture may be in advertisements used in the future or on the web site, but not their name.

COST OF CAMPS

\$350/week/child. (\$325/wk if enrolled in 4 or more weeks of camp) Daily rate is \$80/day. We accept cash, debit and credit cards as payment. If using a credit or debit card, please fill out the authorization section below completely. Payment is due upon enrollment to guarantee their space in the camp. Credit/debit card will be kept on file and be used to pay for weeks in advance as they come up. There will be a \$10 fee added for non-MSMA students who stay after for class. Pick up by 5:30. Uniform purchase required (\$40). Once enrolled, you must pay for the week regardless of changes to YOUR schedule as we turn many away if spaces are filled. We only allow cancellations if there is someone that wants to fill the spot you have taken. So, Please don't sign up unless you are willing to pay for the week.

BUYER'S RIGHT TO CANCEL

We may revoke this contract at any time by giving a refund and may make changes to scheduling as they see fit. Children that are a danger or destructive will be sent home/discontinued with no refunds. If party receiving the camp program wishes to cancel or discontinue, any & all pre-paid money will be forfeited. No refund for early withdrawal. No exceptions! You have agreed to pay for a camp you enrolled in. If your plans change and we cannot fill the space you'll be charged.

RELEASE AND WAIVER OF LIABILITY

In consideration of services to be received, the undersigned hereby releases and forever discharges Napa Valley Summer Camps, Main Street Martial Arts, LLC., its heirs, successors, administrators, staff, independent contractors, renters, landlords and assigns from any and all actions, cause of action, liability claims and demands upon or by reason of any damage, loss, injury or suffering known and unknown, which may be sustained by the student(s) in connection with, and in course of, receiving this training and technique(s) from the instructor(s), staff, official(s), or employee(s) of this school or any fellow students in the connection therewith and within the course of taking training or lessons for the purpose designed in this application. I/We hereby waive all of my/our rights to the claims, actions, cause of action, demand or suit of loss, injury, damage or suffering sustained as a result of anything other than gross negligence on the part of the school. The undersigned assumes all the risks inherent and incident to this type of sports activities as a condition for applying for admission to this school for the purpose hereinabove stipulated.

IMPORTANT NOTE: Please provide a bagged lunch and a snack for your child/children to include JUICE OR WATER ONLY (no soda or sugar snacks please (No lunch needed on Friday when we have a pizza party). Camp hours are 9:00-3:00 (we offer extended late pick up by 5:30 pm Daily...which is an additional \$10/day of use) Please provide a refillable water bottle each day.

Signature **X** _____ Date _____

By signing this contract I attest that I have read, understand and agree to the terms of this agreement.

Emergency Health Information

Family Physician name and telephone: _____ Any Allergies? _____

Health insurance information: _____

In case of any medical emergencies, 911 will be called and used as the portal of entry into the health care system of Napa.

Which week(s) are you enrolling? 1 2 4 5 6 7 8 (please circle) See page 2 for dates

Credit Card # _____ - _____ - _____ - _____ EXP. _____/_____

Printed name on card: _____ Signature: _____

By signing above, I authorize the camp tuition to be charged to my credit card in advance.

WILL YOU BE NEEDING LATE PICK UP by 5:30? YES NO

Please let us know what hours you will be needing each day in excess of the camp hours so we can prepare for after hours. We offer after hours until 5:30 Daily. Tae Kwon Do class participation is required during after hours. Fee is \$10/day utilized. Must purchase a uniform (\$40) to participate. Thank You.

Week 1	June 17-21	Late pick up needed?
Week 2	June 24-June 28	Late pick up needed?
Week 3	***No Camp Week 3, July 1-5***	
Week 4	July 8-12	Late pick up needed?
Week 5	July 15-19	Late pick up needed?
Week 6	July 22-26	Late pick up needed?
Week 7	July 29-Aug 2	Late pick up needed?
Week 8	August 5-9	Late pick up needed?