



ORIENTAL MARTIAL ARTS CENTER

5747 28th St SE, Design 1 Plaza, #104, Grand Rapids, MI 49546 Tel: 616-723-0616

www.orientalmartialartscenter.com

2019 SUMMER CAMP APPLICATION

Child/Camper/Student/Participant's Name:

Age:	<i>First</i>	<i>Last</i>
Date of Birth (MM/DD/YYYY):		
Home Address:	# & Street:	
	City:	State & Zip:
Father/Guardian's Name (for student younger than 18):	<i>First</i>	<i>Last</i>
Mother/Guardian's Name (for student younger than 18):	<i>First</i>	<i>Last</i>
School Student Attends:		
Email (for notifications of class cancellations, changes, etc.):		
Home Phone: ()	Emergency Contact: ()	Emergency Phone: ()
Business Phones for Self/Father/Guardian: ()	for Spouse/Mother/Guardian: ()	
Cell Phones for Self/Father/Guardian: ()	for Spouse/Mother/Guardian: ()	
Any Health/Medical Conditions/Issues We Should Be Aware Of:		
Previous Martial Arts Experience:		Previous Chinese Language/Culture Experience:
How Did You Find Out about Oriental Martial Arts Center's Summer Camp Program?	<input type="checkbox"/> Internet <input type="checkbox"/> Referral (please give name): _____ <input type="checkbox"/> Drive/Walk By <input type="checkbox"/> OMAC's Flyer/Ads (please describe where/whom you receive the flyer/ads from): _____ <input type="checkbox"/> Other (please explain): _____	
Reasons for Your Child to Attend Oriental Martial Arts Center's Summer Camp (check all applicable ones):	<input type="checkbox"/> Improving Fitness <input type="checkbox"/> Learning Chinese Language/Culture <input type="checkbox"/> Relieving Stresses <input type="checkbox"/> Building Confidence <input type="checkbox"/> Self Control <input type="checkbox"/> Learning Discipline <input type="checkbox"/> Recreation <input type="checkbox"/> Enhancing Focus <input type="checkbox"/> Self Defense <input type="checkbox"/> Building Perseverance <input type="checkbox"/> Toning Muscles <input type="checkbox"/> Having Fun <input type="checkbox"/> Improving Flexibility <input type="checkbox"/> Losing Weight <input type="checkbox"/> Acquiring More Energy <input type="checkbox"/> It Is Better Than Hiring Child-Sitting <input type="checkbox"/> Other (please explain): _____	
Please Select the Session(s)/Dates and Price(s)* for Your Child's Camp Experience. You can select one session or any number of sessions upto the number of sessions Oriental Martial Arts Center offers. In the case that you select multiple sessions for your child, your child will receive progressive/different training based on the progress he/she will have made in his/her earlier session(s).	Please check to select session(s)	Prices \$260/Session (see discount schedule)
	<input type="checkbox"/> Session 1: June 10-14	Daily Price: \$65 per student (see discount schedule)
	<input type="checkbox"/> Session 2: June 17-21	Discount/Credit for
	<input type="checkbox"/> Session 3: June 24-28	Early Bird: 10% off if registered and paid by May 5
	<input type="checkbox"/> Session 4: July 8-12	Multiple Family Members: 10% off
	<input type="checkbox"/> Session 5: July 15-19	Multiple Weeks: 5% off
	<input type="checkbox"/> Session 6: July 22-26	Referral: \$25 credit for referring student for each of referred students who were/are not OMAC students and for each of referred students
	<input type="checkbox"/> Session 7: August 12-17	Number of Sessions/Weeks: x \$260 =
	<input type="checkbox"/> Session 8: August 19-23	or Number of Days: x \$65 =
	<input type="checkbox"/> Session 9: August 26-30	<input type="checkbox"/> None <input type="checkbox"/> Early Bird Dscnt: x 10% = -
	<input type="checkbox"/> None <input type="checkbox"/> Multiple Family Discount: x 10% = -	
	<input type="checkbox"/> None <input type="checkbox"/> Multiple Week Discount: x 5% = -	
	For Referred Students <input type="checkbox"/> None <input type="checkbox"/> Referred by: \$25 = -	
	For Referring Students <input type="checkbox"/> None <input type="checkbox"/> Number of Students Referred: x \$25 = -	
Total Due:		\$
Payment by <input type="checkbox"/> Check <input type="checkbox"/> Cash:		\$
Balance:		\$
Signature: _____		Date: _____
Printed Name: _____		*Notes: The Release and Waiver from Liability form must be completed and turned in before start of camp.