USTMA BERRYVILLE SPRING BREAK CAMP 2025

United States Taekwondo Martial Arts Academy
850 W Main St, Berryville, VA 22611 | ustmataekwondo@gmail.com | 540 955 0055

Please fill in all sections of this form, email it or bring it in to register your child for Spring Break Camp.

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

Students Medical Information

Allergies or Intolerances & Emergency Action Plans			
Primary Physician:		Phone No:	
Insurance Carrier:		Policy No:	

Liability Waiver

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.

By signing below I agree to comply with all USTMA policies and rules, including but not limited to all USTMA policies, guidelines, signage and instruction. Because USTMA is open for use by other individuals, I recognize that me and my family are at higher risk of contracting COVID-19.With full awareness of appreciation of the risks involved, I, for myself and on behalf of my family hereby forever release, waive and discharge USTMA from any liability specifically related to COVID-19. I hereby acknowledge and represent that I have read the forgoing Waiver of Liability, understand it and sign it voluntarily as my own free act.

Parent/Guardian: _____ _____ Date: ____/____/_____

USTMA Representative: _____ _____ Date: ____/____/_____

Spring Break Camp Pricing

Siblings receive a 10% discount. The camper with the most days of camp must be represented as “1st Camper”.

USTMA TKD Account Holder	$200.00 per week

Non USTMA Account Holder	$250.00 per week

Payment Method

Please select your payment type

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

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

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: _____

---------- **DO NOT FILL IN SECTION BELOW - FOR USTMA REPRESENTATIVES ONLY!** ----------

	Full Name	No. of Days	Rate	Subtotal
Camper 1		**5 (Apr 14th - 18th)**		
Camper 2		**5 (Apr 14th - 18th)**		
			Deposit Paid:	
			TOTAL OWED:	

If you have any questions please feel free to contact us: ustmataekwondo@gmail.com | 540 955 0055