

Dothan and Enterprise Martial Arts Academy Summer Day Camp 2025

Policy and Procedure

Registration: Camp registration is processed on a first-come first-serve manner. Registration must be submitted prior to the first week of camp participation. **Registration begins February 28, 2025.**

Camp Fees: We offer two services: half day from 9am – 3pm and full day from 8:00am – 5:00pm. The fees vary depending on the deadlines. All weekly camp balances must be paid in full prior to the beginning week of the camp. Camp fees cover costs of all activities, any additional transportation, and field trips. Drop-in rates are available for \$80 for half day and \$100 for a full day. The drop-in rate is per day and includes any activity, additional transportation, and/or field trip fees for that day. A registration fee is not required for the drop-in rate.

- There is a required registration fee of \$50 per child per summer camp year. Registration fees and all other camp fees and/or deposits are non-refundable. No exceptions.

- Camp T-shirts are \$25 per shirt. The shirts must be worn on the field trip/activity days. The days to wear the t-shirts can be found on the camp schedule. We require at least 2 shirts be purchased per camper as we go on field trips frequently.

Water World Season Pass will be required prior to camp attendance.

Extra Service: Late pick up

Late Pick up after 5:00pm = \$25

CAMP REGISTRATION DEADLINES:

Members on Base Membership		
Half Day (weekly)	Full Day (weekly)	Deadline
\$150.00	\$170.00	March 31, 2025 (Early Bird)
\$165.00	\$185.00	April 30, 2025 (Regular)
\$180.00	\$200.00	May 15, 2025 (Late)
\$195.00	\$215.00	After May 16, 2025 (Rush)
Members on Plus Membership		
Half Day (weekly)	Full Day (weekly)	Deadline
\$140.00	\$160.00	March 31, 2025 (Early Bird)
\$155.00	\$175.00	April 30, 2025 (Regular)
\$170.00	\$190.00	May 15, 2025 (Late)
\$185.00	\$205.00	After May 16, 2025 (Rush)
Members on Pro Membership		
Half Day (weekly)	Full Day (weekly)	Deadline
\$130.00	\$150.00	March 31, 2025 (Early Bird)
\$145.00	\$165.00	April 30, 2025 (Regular)
\$160.00	\$180.00	May 15, 2025 (Late)
\$175.00	\$195.00	After May 16, 2025 (Rush)
Weekly After School Students / Non-members (includes Taekwondo lessons)		
Half Day (weekly)	Full Day (weekly)	Deadline
\$185.00	\$200.00	March 31, 2025 (Early Bird)
\$200	\$215.00	April 30, 2025 (Regular)
\$215.00	\$230.00	May 15, 2025 (Late)
\$230.00	\$245.00	After May 16, 2025 (Rush)

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Select your sessions: HD(half day 9am-3pm) or FD(full day 8am-5pm)	Week	Dates:	Extra Service (optional):
	Week 1	May 27 — May 30	<input type="checkbox"/> Late Pick up after 5:00pm \$25 per week
	Week 2	June 2 — June 6	
	Week 3	June 9— June 13	<input type="checkbox"/> Late Pick up after half day 3~5:00pm \$25 per week
	Week 4	June 16 — June 20	
	Week 5	June 23 — June 27	
	Week 6	July 7— July 11	
	Week 7	July 14 — July 18	
	Week 8	July 21 — July 25	
	Week 9	July 28 – August 1	

CHILD'S INFORMATION

Name: _____ Age: _____ Sex: M / F

Address: _____

City: _____ State: _____ Zip: _____

Swim level: (circle one) Non-Swim / Beginner / Intermediate / Advanced

Child's T-shirt Size: (circle one) Youth S / Youth M / Youth L / Adult S / Adult M / Adult L

PARENT/GUARDIAN INFORMATION

1) Parent/Guardian's Name: _____ Relation: _____

Place of employment: _____ Work Phone #: _____

2) Parent/Guardian's Name: _____ Relation: _____

Place of employment: _____ Work Phone #: _____

Person(s) authorized to pick up child or contact in case of an emergency:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

If your child has and/or is receiving special education for the following, please check the appropriate box to facilitate adequate recreational opportunities.

_____ Vision _____ Hearing _____ Speech/Language _____ Physical Therapy

_____ Other Explain: _____

Are there any activities your child cannot participate in, due to physical, social, or religious reasons? (circle one) Yes / No

RELEASE FOR EMERGENCY CARE

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Does the child require medication: ____ Yes ____ No

If yes, please specify:

Medicine: _____ Dosage: _____ Time/Frequency: _____

Prescribing Doctor: _____ Phone#: _____

Has or subject to (check and give details):

____ Allergy to medicine, food, plant, animal, or insect toxin

____ Any condition that may require special care, medication, or diet

____ ADHD (Attention Deficit Hyperactive Disorder)

____ Asthma ____ Convulsions ____ Heart trouble ____ Contact lenses

____ Diabetes ____ Fainting spells ____ Bleeding disorders ____ Dentures

Explain: _____

Physician's Name/Facility: _____ Phone #: _____

Health Insurance Company: _____ Policy #: _____

LIABILITY/RELEASE AUTHORIZATION FOR ALL ACTIVITY/PROGRAM AND TRANSPORTATION

Please read the following and sign below

I understand all terms and submit my application for the martial arts program contracted. By doing so, I release all liabilities (medical or otherwise) within this waiver from the programs offered at Dothan and Enterprise Martial Arts Academy.

Furthermore, I waiver all claims of liability and the right to sue the school, its employees, agents, and volunteers of Dothan and Enterprise Martial Art Academy I have given all information associated with my child or myself as required.

I understand that Dothan and Enterprise Martial Arts Academy cannot be held responsible for any accidents or other actions involving transportation, teaching, or other actions including those that result from neglect or improper behavior by my child or myself. I also agree that the school and its personnel are not responsible for or liable for any loss, damage or theft of any property belonging to the student even if its loss damage of theft occurs during the Dothan and Enterprise Martial Arts Academy's Summer Day Camp.

I understand that all funds are non-refundable, including any deposits made to the school for the summer camp activities. I also agree that I have provided the correct information to the best of my knowledge and approve of basic first aid when necessary.

Parent/Guardian Signature: _____ Date: _____

LUNCH

At Dothan Martial Arts Academy, children are given the option of bringing lunch from home or ordering from our catered lunch program. Catered lunch also includes snack. Students bringing lunch from home will need to bring their own snack to camp. Lunch payments can be included in the tuition payment and prices are as follows:

- 1.day per week: \$12.00/week
- 2.days per week: \$24.00/week
- 3.days per week: \$36.00/week
- 4.days per week: \$48.00/week
- 5.days per week: \$60.00/week

LUNCH MENU (TBA)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Parent Copy (Select the dates you want us to provide your child lunch from our lunch menu)

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cut line:

Office Copy (Select the dates you want us to provide your child lunch from our lunch menu)

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

