

CAMP AWESOME

PRESENTED BY DOMINACH'S TAEKWONDO ACADEMY AND THE CITY OF INDEPENDENCE



This camp will be a full day camp that includes a variety of activities and free time, but mainly **Dodgeball, Waterguns, and Taekwondo.**

Your kids will come home and say simply,
"That was Awesome!"

Staff: Mike Dominach, Dominach's Taekwondo Academy (DTA), DTA staff members, & teen/adult volunteers

Location: The camp will be held at **DTA** (next to ACE) and **Memorial Park** (next to the Senior Center) in Independence. Campers will walk on the sidewalks behind KROGER to go back and forth between the park and DTA. **In the event of RAIN, all activities will be moved to DTA.**

Eligibility: The camp is open to **boys and girls** between the **ages of 5 - 11**.
4yr olds that are taking class at DTA may also attend

DATES: June 23rd (M), 25th (W), 27th (F)

Drop Off from **8-8:30am** / Pick Up from **3-3:30pm**
early drop off and late pick up will be available for an extra charge

Cost of Camp: The registration fee is **\$120** for the first child, and **\$80** for each additional.

*****SAVE when you register before MAY 31st*****
(\$20 OFF for the 1st person, and \$10 OFF for each additional)

Awards: Awards will be given to **AWESOME CAMPERS OF THE DAY**.





INSTRUCTIONS for Registration *(plus your guide to being AWESOME at camp):*

1. Fill out the attached registration form.
2. Turn in the registration form with payment (SAVE when you register by 5/31) to one of the following:

-Mike Dominach at Dominach's Taekwondo Academy
2148 Declaration Dr, Independence, KY 41051
CHECKS MADE OUT TO DTA

-Nita Brake at City of Independence
5409 Madison Pike, Independence, KY 41051
CHECKS MADE OUT TO CITY OF INDEPENDENCE

NOTE: Early Drop Off and Late Pick Up is available (extra charge per day/per child)

SPACE IS LIMITED, so sign up ASAP!!!



3. WHAT YOUR CHILD SHOULD BRING:

- Your child should dress comfortable to be outside (shoes - NO flip flops)
***They WILL get WET / DIRTY every day at camp!!!**
- They need a LUNCH with an afternoon DRINK and 2 SNACKS
- A WATERBOTTLE will be provided on the first day of camp - they should bring this back each day with ICE WATER!
- A WATERGUN - bring filled with water (should be able to pour water in to refill)

*****NAME ON EVERYTHING*****

- Don't bring things not willing to share.
- Expensive and extra Personal Items should be left at home.
- Cell Phones are not allowed.

4. If your child has any special needs, allergies, or conditions, please bring these to the attention of Mike Dominach or his staff. Provide Emergency Contacts!!!

****If your child has ASTHMA, they should have their INHALER****

5. If your child is sick, or can't make a day of camp, please contact Mike Dominach at DTA by the time of check in (TKDom@mac.com or 859-815-9953). **NO REFUNDS**

6. **IF IT IS RAINING** - Drop Off or Pick Up at DTA
IF IT IS SUNNY - Drop Off or Pick Up at MEMORIAL PARK

*You will be charged if you drop off EARLY or pick up LATE (per occurrence/ per child)

7. Campers that don't follow directions may be asked to leave camp (PARENTS will be called immediately if camper gets out of control). Good attitudes are expected, and inappropriate behavior will not be tolerated. Campers that are extra AWESOME may be given an award for being an AWESOME CAMPER OF THE DAY!!!

8. Show up & have an AWESOME time!!!

Camp Awesome 2014 - Registration Form

(send w/payment by deadline to DTA or Nita Brake/City of Independence)



PARENT NAME _____ BEST PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 EMERGENCY CONTACT 1 _____ PHONE _____

EMAIL ADDRESS _____

CAMPER 1 _____ Male () Female () Age _____
 \$120 () or \$100 if early registration () **Circle T-Shirt Size** CS CM CL AS AM AL

CAMPER 2 _____ Male () Female () Age _____
 \$80 () or \$70 if early registration () **Circle T-Shirt Size** CS CM CL AS AM AL

CAMPER 3 _____ Male () Female () Age _____
 \$80 () or \$70 if early registration () **Circle T-Shirt Size** CS CM CL AS AM AL

CAMPER 4 _____ Male () Female () Age _____
 \$80 () or \$70 if early registration () **Circle T-Shirt Size** CS CM CL AS AM AL

CAMPER 5 _____ Male () Female () Age _____
 \$80 () or \$70 if early registration () **Circle T-Shirt Size** CS CM CL AS AM AL

CAMP DATES

**Mon / Wed / Fri
 June 23 / 25 / 27 2014**

8:30am - 3:00pm

**If you need early drop off or
 late pick up, please indicate
 below (extra fees will apply)**

SPECIAL NOTES or CONDITIONS for campers listed above:

Early Drop Off (between 7:30 & 7:55am) - \$5 per person/per day

*Please indicate which days campers will be dropped off early

___ Monday June 23rd	- CAMPERS (circle camper number from above) 1 2 3 4 5	FEE _____
___ Wednesday June 25th	- CAMPERS (circle camper number from above) 1 2 3 4 5	FEE _____
___ Friday June 27th	- CAMPERS (circle camper number from above) 1 2 3 4 5	FEE _____

Late Pick Up (between 3:35 & 4:00pm) - \$5 per person/per day

*Please indicate which days campers will be picked up late

___ Monday June 23rd	- CAMPERS (circle camper number from above) 1 2 3 4 5	FEE _____
___ Wednesday June 25th	- CAMPERS (circle camper number from above) 1 2 3 4 5	FEE _____
___ Friday June 27th	- CAMPERS (circle camper number from above) 1 2 3 4 5	FEE _____

TOTAL CAMPER FEES _____ **TOTAL EXTRA FEES** _____ **TOTAL OWED** _____

***Make Checks Payable to DTA or CITY OF INDEPENDENCE** (depending on where sending form). **Make sure you sign the waiver on the back** (incomplete forms will not be processed). ----->

DTA NOTICE & AGREEMENT –

I, for me and on behalf of my minor child/student or spouse (hereafter “I” or “my”) agree that Dominach’s Taekwondo Academy, LLC (“DTA”), in its sole discretion, may temporarily or permanently expel any member found to be in violation of any rule or regulation of DTA, or engaging in conduct that DTA’s management deems to be detrimental to the operation, good order or welfare of DTA or other members. I agree that DTA is not responsible for lost or stolen items of a member using the facilities; that I may only use safety equipment and sparring gear approved by DTA; that I will abide by the uniform requirements of DTA and that DTA may use any photograph, drawing or other likeness of me or my family in promotional advertising or marketing material of any type. I understand my membership agreement does not include fees for testing, tournaments or merchandise that must be paid separately. As this membership may be extended for an indefinite time, I agree this notice and the following Waiver and Release, will be in force for a period not less than 36 months from the last contact or class taken at DTA.

DTA WAIVER AND RELEASE

In consideration of DTA furnishing services and/or equipment to enable me/my family to participate in taekwondo: I agree as follows: (a) I understand and acknowledge that taekwondo activity includes strenuous exercise and bodily contact, which involve risks; (b) my participation may result in bodily injury, fractures, heat stroke, heart attack, death or other ailments to me or my family; (c) these risks may be caused by the negligence of DTA, its agents, or instructors or other participants, accidents or other causes; and (d) I am aware of the risks and I voluntarily assume the risks and dangers and all responsibility for any losses and/or damages and agree to **release, waive, discharge, hold harmless, defend and indemnify** DTA and its owners, agents, employees and instructors from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise, which may arise out of my participation in the taekwondo activity and my use of equipment provided by DTA. Participation in these activities is voluntarily and my family/I elect to participate in spite of the risks.

I further understand that my children will be fully supervised during their class times only and hereby release all the above mentioned parties from any and all responsibility for my children during non-class times; I further agree that I will not bring any claim or suit against DTA, its instructors, staff, students, guests, landlord or any other parties on behalf of me or my family for any event short of a criminal act, and then only the criminal act will be the subject of the complaint. I understand that this waiver applies indefinitely and applies whenever I participate in any activities, classes, camps or tournaments offered by or made available by or through DTA. **I further understand that this waiver applies to all activities which include, but are not limited to, tournaments, camps, demonstrations, clinics, parades or other activities that I, and/or my family, may attend.** I acknowledge that it is my responsibility to provide transportation to all such events and that if I and/or my family elect to travel with other students or instructors that I do so at my own risk and will not hold DTA, its staff, instructors or fellow students, liable for any injuries to me, my family or my property. Finally, as an inducement for DTA to teach me, my family, or other person for whom I am providing this membership, I shall indemnify DTA, its instructors, staff, guests, students, and any and all additional defendants for all judgements, costs, attorney fees and other expenses incurred should there be a claim against DTA, its instructors, staff, guests and students as a result of participant’s participation in any service, activities or special event DTA offers.

Parent’s/Student’s Duties – It is my duty to inform the staff and instructors of DTA of any medical condition that may effect my and/or my family’s athletic performance. It is also the responsibility of me and/or my family to be aware of my/their surroundings at all times to ensure our own safety.

Parent/Guardian _____



MEDICAL CONSENT AGREEMENT -

I hereby authorize the City of Independence, the DTA staff/volunteers, or their designate to treat the listed campers/participants for any injury or illness they sustain during the camp. I authorize all necessary medical treatment and admission to any hospital designated by the camp staff if advanced care (x-rays, tests, etc) is required. It is understood that the patient and their parent/guardian will be notified to grant additional authorization for any special treatment or surgical procedures that are necessary.

Parent/Guardian _____



City of Independence WAIVER & RELEASE *The undersigned parent or guardian of the referenced minor hereby:*

1. **Authorizes and permits** the referenced minor to participate in recreational activities scheduled or provided by the City of Independence, both within and outside of the City, including, without limitation, transportation to and from such activities.
2. **Appoints and authorizes** any officer or employee of the City of Independence, as Attorney in Fact, to act for me in the acquisition and authorization for emergency medical treatment of the referenced minor.
3. **Releases, acquits and forever discharges** the City of Independence and each and every officer, agent and employee thereof, from each, every and any and all expenses, losses, damages, liabilities, obligations, demands, claims and causes of action, at law or in equity, that the undersigned or the referenced minor may have against them, jointly or severally, for anything which is in any way related to the participation of the referenced minor in any recreational activities scheduled or provided by the City of Independence.
4. **Agrees to pay, indemnify and hold the City of Independence and the officers, employees and agents thereof harmless** from each, every and all future obligations and liabilities thereof, to or for the referenced minor, which are in any way related to the participation of the referenced minor in activities scheduled or provided by the City of Independence, and all claims and causes of actions therefore, at law or in equity, including, without limitation, third party actions for contribution or indemnification, and reasonable expenses for the defense of such claims and causes of action.

Parent/Guardian _____

