



CAMP REGISTRATION FORM

Child's Name: _____ Age: _____ Grade (As of Sept. 2026) _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian: _____ Mobile Phone: _____ Email _____
 Parent/Guardian: _____ Mobile Phone: _____ Email _____
 Emergency Contact: _____ Mobile Phone: _____ Email _____

Pick-up Allowed List

Name	Contact Number	Relation
1.		
2.		
3.		
4.		
5.		

Does your child have any limitations, medical, or behavioral concerns that we should be aware of (medications, allergies, etc...)? _____

Summer Camp Packages

The Summer Camp Program is a 7-weeks program that starts on June 29th and runs through August 14th, Monday through Friday from 8am until 6pm. The following activities are included:

- Swimming Lessons at an Olympic sized pool with professional instructors.
- Weekly Field trips to Museums and attractions in the Tri-State area.
- Math/ELA practice and tutoring.
- Outdoor and indoor sports and games.
- Breakfast & Lunch.

Camp Prices

	7 Weeks	6 Weeks	5 Weeks
1st Camper	\$2,275	\$2,100	\$1,875
2nd Camper	\$4,095 - 20% Discount	\$3,885 - 15% Discount	\$3,565 - 10% Discount
3rd Camper	\$5,688 - 30% Discount	\$5,460 - 25% Discount	\$5,065 - 20% Discount

- There is a \$250 Non-Refundable Registration fee which will count as partial payment towards the total cost of camp.
- No refunds will be granted once camp has started.
- Please note that pick-up is by 6:00 PM. If the camp returns late from a trip, this deadline may be adjusted. A late fee of \$1 per minute applies after 6:00 PM.

Select the weeks your camper(s) will be attending:

June 29th to July 30th July 27th to July 31st
 July 6th to July 10th August 3rd to August 7th
 July 13th to July 17th August 10th to August 14th
 July 20th to July 24th

I, _____, authorize the payment by the method indicated below.

Debit/Credit Card#: _____ Expiration: _____ Security Code: _____

Signature: _____ Date: _____

CAMP WAIVER AND RELEASE OF LIABILITY FORM

Camp Name: United Black Belt MA Camp

Location: 2936 Bruckner Blvd, Bronx, NY 10465

Dates of Camp: June 29th through August 14th 2026

Participant Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____ **Phone:** _____

Emergency Contact Name & Phone: _____

WAIVER AND RELEASE OF LIABILITY

I, the undersigned, understand that participation in camp activities involves inherent risks, including but not limited to physical activity, outdoor excursions, sports, crafts, field trips, and other recreational activities. I hereby assume all risk and responsibility for any injuries, losses, or damages sustained by the participant during camp.

I, for myself and/or on behalf of my child or legal ward, do hereby:

1. **Release and discharge** United Black Belt Martial Arts, its owners, staff, volunteers, affiliates, and representatives from any and all liability, claims, demands, and causes of action arising from participation in camp activities.
2. **Acknowledge and agree** that this waiver applies to any personal injury, illness, property damage, or loss that may occur before, during, or after the camp session.
3. **Authorize** the camp staff to administer first aid and/or arrange for emergency medical treatment if necessary. I accept financial responsibility for any such medical care.
4. **Grant permission** for the camp to use photographs or video footage of the participant for promotional purposes, unless I check the box below:

I do **not** give permission for my child to be photographed or recorded.

ACKNOWLEDGEMENT

I have read and fully understand this waiver and release form. I voluntarily agree to its terms and conditions.

Signature of Parent/Guardian:

_____ **Date:** _____