



TATAMI
STUDIO
AIKIDO + DRU YOGA + MEDITATION

Summer Camp Registration Form

Parent/Guardian Information

Name _____

Address: _____

Email address: _____

Cell phone: _____

Daytime phone number: _____

Camper Information

Child's Name _____

Date of Birth (month/day/year): _____

Current Age: _____

Grade: _____

Gender: _____

Medical Number (6-digit) _____

Medical Number (9-digit) _____

Medical Information

Allergies: _____

Does your child have an Epi Pen? _____

Does your child have any known medical issues (i.e. asthma)?

Does your child require any medical prescriptions? (i.e. Asthma Inhaler, Epi Pen, other medications)?

Does your child have any special needs we should be aware of?

Media Release

As legal guardian of the child listed on this registration request form, I hereby consent to Tatami Studio's usage of any photographs or video footage collected of my child - including his/her image, likeness, profile, and/or voice (when relevant) in print and/or broadcast materials by Tatami Studio and by third parties promoting Tatami Studio. Further, I acknowledge that any photograph and/or video footage collected may be edited and I hereby consent to such editing. I release Tatami Studio of any claim by reason of such editing, of any royalty for the use of such images, likenesses, profiles, and/or voices of my child in Tatami Studio's usage for the purposes of promoting the Tatami Studio.

Participation Waiver & Release

Program activities at Tatami Studio may involve a certain element of risk that is a normal part of children's play. Accidental injuries, although rare, may occur while participating in day camp activities. Please note that Tatami Studio does not provide insurance (accidental death, disability, dismemberment, or medical expense) on behalf of the children participating in these activities. As legal guardian of the child listed on this registration request form, I understand that the accidental injuries that may arise are a result of the very nature of day camp activities and are not the responsibility of the participants, the leader, or Tatami Studio. I hereby release and waive all rights to any claim or action against Tatami Studio arising from injury.

I have read and agree to the Media and Participation Waiver Releases as outlined above.

Parent/Guardian Signature: _____

Date: _____

Visit tatamistudio.ca/summer-camp for information regarding daily schedules, snacks, early drop-off, late pick-up options and more!

Please complete the Registration Form and return it to us at info@tatamistudio.ca to confirm your child's spot. (Note: e-transfer, cheque or cash is accepted for payment).

List the session (days or full week) your child like to attend:

Will your child need: early drop-off late pick-up both (additional fee)

\$300 One full week

\$60 Daily drop-in

\$40 Half day drop-in