



7011 5th Ave North
St. Petersburg FL 33710
727-560-9919

Anthony Perri-Director/Owner
Sonya Perri-Camp Supervisor
www.Masterperritkd.com

Summer Camp Packet 2024

Child's full name _____

Childs Birthdate _____

Parents Name _____

Email _____

Master Tony Perri Taekwondo Summer Camp Registration Form

(Camp begins at 8:00am and pick up is by 5:00pm)

(Please fill out this packet and return to your Camp Director)

Child's Name: _____

Child's DOB: _____

Parent's Name: _____

Parent's Phone: _____ Parent's Phone _____

Emergency Phone: _____ Name: _____

Does Child have allergies? If so list: _____

Home Address: _____

City/State: _____ Zip: _____

Day: Monday-Friday

Time 8:00am to 5:00pm

Fees: \$185.00 Per week or \$35 Per Day

10% discount for second sibling

Payment due Friday before Camp Week

Auto billing is available

No Refunds

Parents Signature: _____

Date: _____

Master Tony Perri Taekwondo Summer Camp Guidelines:

- Payments are made through our auto billing system on Friday before camp week.
- There are no refunds, including for sickness, absence, or holidays.
- Taekwondo class will be Monday-Friday from 9am – 12 pm.
- If your child is sick, PLEASE notify us IMMEDIATELY!!
- Storage for uniforms is available for each child but the uniform must go home every Friday to be washed.
- Please send extra snacks for your child.
- If someone other than a parent will be picking up your child, you (a parent) must call ahead and let us know. That person will also be required to show a picture ID at the time of pick up.
- Master Tony Perri Taekwondo reserves the right to remove any child from the camp for the safety and well-being of all students and staff.
- Parents agree to pay full weekly tuition fees even if the child is absent for one or more days during the calendar week (Monday – Friday).
- I, _____, have volunteered to participate in an exercise/fitness activity. I wave any and all liability of Master Tony Perri Taekwondo including personal injury or death which may result from participation in this exercise/activity, and I accept full responsibility for requesting such exercise assistance.
- I, _____, hereby consent to the use of the facility located at 7011 and 7009 5th Avenue North, St. Petersburg, Florida, 33710 provided by Master Tony Perri. I hereby forever release and discharge the facility, Sally and Habib Ghotb, Master Tony Perri, his officials, agents, instructors, servants, employees, trainers, or any others associated with Master Tony Perri Taekwondo chargeable with liability, from any and all claims, demands, damages, cost, expenses, loss or damage of any kind which may be sustained by me, while on the premises where such recreation facility exist, or using recreational equipment owned by Master Tony Perri.

Parent Signature _____

Date: _____

Participant's Signature _____

Date: _____