





School Holiday Program Application Form 2024

Name Child(ren):	D.O.B:	/	/	Gender: M/F/Other
Name Child(ren):	D.O.B:	/	/	Gender: M/F/Other
Food Diet / Allergies:	-			
Parents Names:				
E-mail:				
Ph:				
Address:				
Emergency Contact Name:				
Do you have any injuries or medica	al conditions that may affe	ct your	ability to	train? YES / NO
If yes, please provide details:				
APPOINTED GUARDIANS (FOR PIC	עווט/			
1. Name:		e:		
Number:	Numbe	r:		
2. Name:	4. Nam	e:		
Number:				
DDICINIC.				
PRICING: \$60 per day				
\$180 per week				
School Program Dates ☐ Week 1	· luly 8 9 10 2024 – MEL	B∩LIRN	IF CRD	
	. July 0, 3, 10, 2024 WILL	DOOM	L CDD	
(9:00AM to 1:00PM)				
Total Payment: \$				

PLEASE BRING THE FOLLOWING

- Bring your own food & Drinks. 2 Lunch/snack pack is advised per day.
- Bring a spare set of changing clothes. Shorts/pants Singlet/T-shirt.
- Karate Uniform Boxing/Kickboxing Uniform
- Runners