

1136 West Broad Street, Falls Church, VA 22046 703-237-7433 (RHEE) www.JhoonRheeTKD.com RheeFC@gmail.com

2015 Kneehigh Ninja Half Day Camp (for ages 5 to 8) July 6-10 July 20-24 August 3 -7 Aug 17-21

Monday to Friday - 8:30 am to 1:00 pm

\$275 (includes uniform pants and t-shirt)/ \$245 for active Jhoon Rhee Student (pants not included)



Ninja Camp Schedule (subject to change)

8:30 - 9:00 am Early Care (No charge for early care)

9:00 – 9:30 am Indoor Playground/ Super Mega Dodgeball/ Obstacle course

9:30 – 10:15 am Bopper Sparring/Tae Kwon Do / Fitness

10:15 – 11:15 am Arts and Crafts

11:15 – 12:00 pm Lunch 12:00 – 12:45 pm Free Play

1:00 pm All Campers must be picked up by this time. \$10 late fee for each half hour (or fraction of) a child is picked up late.

Only 25 spots available each week!

The Kneehigh Ninja Fun Tae Kwon Do Camp is the ultimate martial arts training session for a current or a new student. Specifically designed for children between the ages of 5 and 8, students will review the basic skills of tae kwon do in a fun and safe environment. Children will work on balance, coordination and focus through various drills and exercises which include bopper sparring, board breaking and target kicking. Our Black Belt staff are trained from the world renowned Jhoon Rhee Institute and are specialists in teaching children in this age group so you will be guaranteed to get the best possible instruction for your child. Each day is also balanced out with arts and crafts, fun games and life skills training to help build a positive character and discipline in your child. The half-day camp starts at 9:00 am and ends at 1:00 pm. Campers are required to bring their lunch, drink and a snack.



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2015 Kneehigh Ninja Half Day Camp (for ages 5 to 8)

Monday to Friday - 8:30 am to 1:00 pm

\$275 non students (includes uniform pants and ninja t-shirt) / \$245 for active JRI students (pants not included)

\$25 off additional camp weeks (T shirt & pants not included). 10% Family discount for each additional sibling (No REFUNDS for any reason within 1 week of the start of camp. Any refund prior to the start of camp is subject to a \$75 administrative fee. Camps with low registration (less than 8 campers) are subject to cancelation. We will give you a minimum 2 week advance notice)

(Circle Week) Jul. 6-10				
Time your child will arrive	am. Pick u	ıp is 1 pm Sha	rp! Please arrive on time [©]	
Amount Enclosed: \$	(Please make check payable to Jhoon Rhee TKD)			
1st Child:		Age:	Date of Birth:	
Name of Parents:				
Street				
City	State	Zi _I	o	
Telephone: Home		Work/C	Zip Work/Cell SHOULD KNOW ABOUT e no liability for injuries or damages arising or resulting from ployees, agents or volunteers. Due to the strenuous nature of some	
EMAIL ADDRESS:				
EMERGENCY #:	CONTAC	ACT NAME:		
participation unless due to willful fault or gross neglig activities, the participant is urged to consult a physici which the participant and the parent or guardian is a approve my child's participation in this session. To the Being duly aware of the risks and hazards participate in said activities and/or authorize my child my child may sustain while participating in the Ninja H I hereby authorize Nobody Bothers Me, Inc. while he/she participates in the. I also authorize the a representative of the Ninja Half Day Camp, if I cannot	rence on the part of an concerning fitne arged to consider a best of my knowled inherent in the acti to participate in sad lalf Day Camp activ to seek immediate attending physician to be reached.	assume no liabili the employees, age ss to participate. And which the participant vities relating to this activities. I volunities. medical treatment perform any emercected with said act	nts or volunteers. Due to the strenuous nature of some All activities present certain inherent risks and hazards cipant and the parent or guardian assumes. I hereby is medically fit to participate in this camp. We note that the parent of guardian assumes are not participate in this camp. The select voluntarily to the naturally assume all risks of loss, damage, or injury that a formy child listed above, if a medical emergency rises regency treatment necessary, after consultation with the ivities from any and all claims, demands and causes of	
Parent or Guardian Signature:			Date	
Please Print Name:				