



2024

Enrollment Packet

Lightspeed Martial Arts Academy is excited to have your student join us for Summer Camp 2024!

Our program runs daily starting June 10th with the hours of 8:30am-6pm Monday through Friday. Students must be ***dropped off by 10am*** to join us for the day. Students dropped off after 10am will not be permitted to join us for the day. You must sign in/out your child every day! All campers must be picked up from the program by 6pm. If you are in need of an early pickup please email us at lightspeederin@gmail.com or call us at 831-438-6068. Campers will never be checked out to adults who aren't on their authorized pickup/ emergency contacts lists. Please let us know if your student will be absent for the day by 10am.

Daily Schedule includes fun activities - group games, art, basketball court free play, hiking and Martial Arts classes! Each week includes a special trip such as: Park Days, Movie Theater, Beach Trips, and River Trips (see attached schedule for details). **Be sure to check it every day so you can pack for your child accordingly. Some days include water activities and will require a *swim suit or water clothes, water shoes, and a towel*.**

Students will be given a Lightspeed Summer Camp T-Shirt and must wear it every day to ensure their safety on our field trips. Extra t-shirts will be available to purchase for \$25. Students who come without a Lightspeed Shirt will be charged \$25 and given a new one.

Booster Seats are provided for students in need however, you may also choose to leave a booster seat of your choice for your child to use for the week.

Students are to bring a daily lunch, snacks and refillable water bottle. The Lightspeed Snack Shack will be available for students to purchase drinks and snacks throughout the day. Please be sure to send your students with enough lunch/snacks to support a whole day of physical activities!

Pricing is \$425 per week of Summer Camp. Early Bird pricing of \$399 is available before April 30, 2024. A \$100 **non-refundable** deposit per week is due at the time of sign up (No transfers or exchanges). See office for more details. We offer special discounts to siblings (10% off).

Please leave any cell phones, tablets/computers, or toys at home. We'd hate for them to get lost or broken at camp.

Site Location

As a reminder, Lightspeed Martial Arts Academy Summer Camp Program is located at

1800 Green Hills Rd STE 111, Scotts Valley, CA 95066.

For camp billing questions please reach out to lightspeedlexie@gmail.com

Thank you for sharing your summer with us!

Lightspeed Martial Arts Academy

Weekly Schedule of Field Trips

Summer Camp 2024

Week 1 - June 10th - June 14th

M O N	T U E	W E D	T H U	F R I
PARK DAY Chanticleer Ave.	MOVIES	BEACH Twin Lakes	BOARDWALK BOWL	RIVER DAY Highlands Park

Week 2 - June 17th - June 21st

M O N	T U E	W E D	T H U	F R I
PARK DAY Anna Jean Cummings	MOVIES	CLOSED	HAPPY HOLLOW	RIVER DAY Henry Cowell

Week 3 - June 24th - June 28th

M O N	T U E	W E D	T H U	F R I
PARK DAY Harvey West	MOVIES	BEACH Natural Bridges	SJ TECH MUSEUM	RIVER DAY Highlands Park

Week 4 - July 1st - July 5th

M O N	T U E	W E D	T H U	F R I
PARK DAY Vasona Park Train & Picnic	MOVIES	BEACH Wilder Ranch Fern Grotto	CLOSED	CLOSED

Week 5 - July 8th - July 12th

M O N	T U E	W E D	T H U	F R I
PARK DAY Oceanview	MOVIES	BEACH Twin Lakes	DISCOVERY MUSEUM	RIVER DAY Henry Cowell

*camp activities subject to change with notice

Lightspeed Martial Arts Academy
Weekly Schedule of Field Trips
Summer Camp 2024

Week 6 - July 15th - July 19th

M O N	T U E	W E D	T H U	F R I
PARK DAY Chanticleer Ave.	MOVIES	BEACH Twin Lakes	BOARDWALK BOWL	RIVER DAY Highlands Park

Week 7 - July 22nd - June 26th

M O N	T U E	W E D	T H U	F R I
PARK DAY Anna Jean Cummings	MOVIES	BEACH Twin Lakes	HAPPY HOLLOW	RIVER DAY Henry Cowell

Week 8 - July 29th - August 2nd

M O N	T U E	W E D	T H U	F R I
PARK DAY Harvey West	MOVIES	BEACH Wilder Ranch Fern Grotto	THE SANTA CRUZ BEACH BOARDWALK	RIVER DAY Highlands Park

LightSpeed Martial Arts Academy (831) 438 6068

Summer Camp Daily Schedule 2024

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-9:30am	Arrival	Arrival	Arrival	Arrival	Arrival
9:30-10:15am	Games/Activities	Games/Activities	Games/Activities	Games/Activities	Games/Activities
10:15-11:30am	Prep to Leave	Prep to Leave	Prep to Leave	Prep to Leave	Prep to Leave
11:30am-2pm	PARK	MOVIES	BEACH	SPECIAL FIELD TRIP	RIVER
2-2:45pm	Prep & Return to Academy	Prep & Return to Academy	Prep & Return to Academy	Prep & Return to Academy	Prep & Return to Academy
2:45-3:15pm	Martial Arts Class Prep/ SNACK	Martial Arts Class Prep/ SNACK	Martial Arts Class Prep/ SNACK	Martial Arts Class Prep/ SNACK	Martial Arts Class Prep/ SNACK
3:15-4:30pm	Martial Arts Class	Martial Arts Class	Martial Arts Class	Martial Arts Class	Martial Arts Class
4:30-6pm	FREE PLAY/ PICKUP	FREE PLAY/ PICKUP	FREE PLAY/ PICKUP	FREE PLAY/ PICKUP	FREE PLAY/ PICKUP

Regarding Above Daily Time Slots:

- Martial Arts: Our classes include fitness, martial arts games, self defense training, prep for testing and our core curriculum and character building lessons
- Games: Include Dodgeball, Water Balloon Toss, Sharks and Minnows, TKD Hockey, Steal the Bacon, Scavenger Hunts and more! Kids learn teamwork and have a blast!
- Games/Activities: Include board games, cards, Legos, reading, forts, Arts & Crafts etc
- Prep to Leave: We'll ensure your child wears sunscreen, has the lunch you packed and any other items/actions necessary for the day. (please provide sunscreen and Lunch

LightSpeed Martial Arts Academy

Summer Camp Waiver/Release for 2024

Please fill out EACH and every field below:

Student Name: _____ Date of Birth _____
Address _____ City _____ Zip _____
Home Phone _____ Email: _____ Grade _____
Parents Names: Parent 1 _____ Employer name/Your work number _____
Parent 2 _____ Employer name/Your work number _____
Parent's emails: 1. _____ 2. _____
Other Custodial Parent _____ Employer name/Your work number _____
Emergency Contact/Relationship 1. _____ Phone _____
2. _____ Phone _____
3. _____ Phone _____
Cell Phones Numbers: Parent 1: _____ Parent 2 _____
Other Custodial Parent: Name _____ Cell# _____
How did you hear about our program? (Circle One) If a Friend, their name here: _____
Friend/Family Website Newspaper Ad Shopping Cart Other: _____

- Does your child have any medical condition(s) that the staff at LightSpeed Martial Arts should be made aware of?

- Does the student have any food allergies? _____

ADVISORY OF RIGHTS AND RESPONSIBILITIES

Safety is not the sole responsibility of instructor and staff. Everyone in class is responsible for their own safety and the safety of those around them. All students have a right and responsibility to conduct themselves in a manner that helps them, other students and instructors to remain safe. If a student notes an unsafe training situation; which may include another student not being careful of others, a potentially dangerous obstacle or condition or anything else that may cause or lead to harm of themselves, other students, instructors, visitors or guests, the student is asked to correct the situation if this is within his/her ability or to notify an instructor or staff member immediately. Initial: _____

ASSUMPTION OF RISK

Martial arts are a potentially dangerous activity. Bumps, bruises, scrapes and soreness are commonplace and most students may encounter this sort of injury. More serious injuries; including sprains, strains, twists, fractured bones, torn ligaments are possible. Parents and students understand and accept the risks involved in martial arts training and by assuming these risks, completely absolve and agree to not hold responsible and/or liable all instructors, staff, guests, students, landlords, and any and all other parties of liability for students harm. Initial: _____

WAIVER AND RELEASE

Parent and/or legal guardian and student have carefully read this waiver and agreement and fully understand that it is a release of liability and damage of LightSpeed Martial Arts Academy from any injury. LightSpeed Martial Arts will make no evaluation or recommendation whether a student is sufficiently physically fit for any exercise or activities. Before beginning any exercise program, particularly martial arts training it is advisable to seek the advice of a physician.

LightSpeed Martial Arts does not assume responsibility for lost, stolen or damaged personal belongings. The student agrees that the Academy, instructors or staff are not responsible for any such property, even if its loss, damage or theft occurs on or about the training facility. Initial: _____

AUTHORIZATION TO SEEK EMERGENCY MEDICAL CARE

In case of an accident or illness requiring medical attention, I authorize LightSpeed Martial Arts to transport or call emergency services for the above-mentioned child to a licensed medical facility including but not limited to a medical clinic, office of hospital emergency room for the purpose of obtaining medical treatment. Parent and/or legal guardian agrees to the financial responsibility, which may result from said services. The determination of which facility or medical provider the child will be transported to shall be left to the discretion and judgment of LightSpeed Martial Arts. It is understood that LightSpeed Martial Arts will use their best discretion to determine a true emergency. Parent and/or legal guardian agrees that LightSpeed Martial Arts is not responsible for injury, trauma, illness, or death which may result from automobile accident or medical care which may arise as a consequence of transportation and/or participation in LightSpeed Martial Art's Transported After School Martial Arts (TASMA) program. Initial: _____

NOTICE AND CONSENT TO INSTRUCTORS

This school seeks to make use of highly trained professional instructors. The head instructor or another qualified instructor may teach classes. Should an instructor be unavailable for a given class a junior instructor, senior student or guest instructor may teach. The choice of instructor is left to the discretion of this Academy.

PURPOSE

I understand that LightSpeed Martial Arts is a martial arts school, not a day care. The intention of LightSpeed Martial Arts is to teach a martial art, developing physical and philosophical character building skills. I understand that LightSpeed Martial Arts is a martial arts school that is a drop-in facility and if my child is to stay at any LightSpeed Martial Arts Academy facility, it is because of my consent and not the Academy's. Initial: _____

I have read, understand and accept the provisions set forth in this document in its entirety.

Parent/Legal Guardian Signature: _____ Today's Date: _____

Address & Tuition Auto-Pay Form - 2024

Please provide your billing information and best email address.
Follow the instructions below and turn this document in to the office

PREFERRED PAYMENT OPTION: AUTO-PAY: ALL FIELDS REQUIRED

I _____, sign up for **Auto-Pay** as my monthly tuition payment option.
First Last

Student Name: _____ Date of Birth: _____
First Last Middle Initial mm/dd/yyyy

Your Billing Details:

Address: _____
Street City State Zip Code

Parent Name: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Parent Email Address: _____

Payment Details:

CHECK ONE BOX BELOW:

☐ **Electronic Funds Transfer** (preferred) | Bank Name: _____ Bank Account No. _____

Account Routing No. _____ Your Billing Date: _____
mm/dd/yyyy

OR:

☐ **Credit Card** | Type: Visa: ____ Master Card: ____ | Card Number: _____ | Expiry: Month: ____ Yr: ____

3 Digit Security Code (On back of card): ____ | Billing Date (when your account is billed): _____ Date #2: (for TASMA only) _____

Billing Address (if different from above): _____
Street City State Zip Code

I understand that in choosing Auto-Pay, if I choose to make a billing adjustment to the account including placing my account on hold, adding a new billable service or cancelling the account, I understand that this Martial Arts Academy will update my account once the changes are received in writing on the provided **Billing Change Request** form, 14 days ahead of billing date change as required. (See sign-up waiver for more details – 14 days notice is always required for a billing change request.)

Signed: _____ Date: _____
Authorizing Signature mm/dd/yyyy

LightSpeed Martial Arts Academy Summer Camp 2024

Authorized Release Form

The purpose of this form is to ensure our LightSpeed Martial Arts Instructors and staff knows which of your family members and friends are currently authorized, by you, to pick your child up from our Transported After School Martial Arts program. No person other than those named on this list may pick your child up from our school. This form will be available for you to update at our school, in person, any time you need. Simply ask the TASMA instructor on duty. The safety of your child is our top priority.

Student Name: _____

LightSpeed Martial Arts Academy may release my child to the following people for pick-up after school at LightSpeed Martial Arts Academy 1800 Green Hills Rd. Scotts Valley CA 95066:

	<u>Name</u>	<u>Relationship</u>	<u>Contact Phone #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Parent Name (Printed): _____

Parent/Legal Guardian Signature: _____ Today's Date: _____

LightSpeed Martial Arts Academy Summer Camp 2024

Dispensation of Medication(s) Release Form

The purpose of this form is to give our LightSpeed Martial Arts Academy TASMA instructors the right to administer medication to your child as approved by you. This may or may not be needed during the TASMA school year. Please keep or request this form as needed. You may request a new form from any TASMA Instructor. We may not administer medication without this form fully filled out and signed.

I, _____, give LightSpeed Martial Arts Academy permission to administer the
Parent Name
following medication to my child, _____.
Child's Name

My child has the following symptoms: _____ and was diagnosed with
_____.

- My child's doctor is _____ and his/her contact phone # is _____
- This medication will be administered for the following dates: _____
- Type of Medication (Circle One): _____ | Over the Counter | _____ | Prescribed |

Name of Medication: _____

Prescription Directions; How to Administer: _____

Please note if there are foods or other items that should or should not be consumed with this medication:

Parent Name (Printed): _____

Parent/Legal Guardian Signature: _____ Today's Date: _____