

Regular Registration Summer Camp Pricing



USTMA SUMMER CAMP REGISTRATION 2026 (Regular)

United States Taekwondo Martial Arts Academy
 9 Cardinal Park Drive S.E. Leesburg VA 20175 | info@ustma.com | 703 777 1000

**Please fill in all sections of this form & email it to us to register your child for summer camp.
 3 WEEKS PER STUDENT DEPOSIT DUE BY 5/2/26. Full remaining payment is due by June 1, 2025.**

Camper 1:		Date of Birth:	
Camper 2:		Date of Birth:	
Home Address			
Parent/Guardian Full Name:		Relationship to Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			
Parent/Guardian Full Name:		Relationship To Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			
Emergency Contact Name:		Relationship To Student/s:	
Home Address:			
Contact No:		Work No:	
Email:			

Students Medical Information

Allergies or Intolerances & Emergency Action Plans	
--	--

Regular Registration Summer Camp Pricing

Liability Waiver

Please read the liability waiver below carefully

USTMA agrees to notify the student's parent(s)/guardian(s) designated on the front of this form if the child becomes ill and the student's parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so required. The student's parent(s)/guardian(s) authorized USTMA to obtain immediate medical care for the student if any emergency occurs and the parents/guardians cannot be immediately contacted. The student's parent(s)/guardian(s) agree to inform USTMA within 24 hours of the next business day after the child or any member of the immediate household has developed reportable communicable disease, as defined by the Stated Board of Health, except for life threatening diseases which must be reported immediately. I understand that strict observance of the rules and regulations of USTMA relative to the provided training will largely eliminate the possibility of accident or injury. However, I hereby waive any claims of personal injury or damage against USTMA, its principles, coaches, instructors, agents or employees in any case resulting from the subject activity. If any injury should occur, I will file the claim through my own insurance carrier. I give permission for my children to be photographed during the course of regular activities to be used for USTMA advertising and social media. I understand that all incurred fees are non-refundable and non-transferable. I hereby acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act.

Parent/Guardian: _____ (print) _____ (sign) Date: ____/____/____

USTMA Representative: _____ (print) _____ (sign) Date: ____/____/____

Payment Method

Please select your payment type

- I will come in and pay cash or by personal check. (Please make out personal checks to USTMA)
- I would like USTMA to bill me with the below credit card details.

Credit Card Billing Information

Please fill in all sections below even if we have it on file.

Card Holder Name: _____

CC Account No: _____ Exp Date: ____/____ CVV: _____

I authorize USTMA U.S. Taekwondo Martial Arts Academy to charge my above credit card for agreed upon purchases. I understand that my information will be saved on file for future transactions on my account and that I reserve the right to cancel this authorization at any time.

Signature: _____ Date: _____

Regular Registration Summer Camp Pricing

Please select the needed session for each camper.

USTMA Member	\$375 per week - 1st child	Non USTMA Member	\$475 per week - 1st child
	\$355 per week - 2nd child		\$455 per week - 2nd child
	\$85 per day		\$99 per day

Camp Sessions & Dates

The camper with the most days of camp must be represented as "1st Camper".

PLEASE INDICATE WHICH WEEKS YOUR CHILDREN WILL BE ATTENDING.

1st Camper
(child attending majority of sessions)

2nd Camper

Name: _____

Name: _____

<input type="checkbox"/>	Session 1: June 16 - 19 (4 DAYS)
<input type="checkbox"/>	Session 2: June 22 - 24 (3 DAYS)
<input type="checkbox"/>	USTMA WILL BE CLOSED 6/29 - 7/4
<input type="checkbox"/>	Session 3: July 6 - 10
<input type="checkbox"/>	Session 4: July 13 - 17
<input type="checkbox"/>	Session 5: July 20 - 24
<input type="checkbox"/>	Session 6: July 27 - 31
<input type="checkbox"/>	Session 7: August 3 - 7
<input type="checkbox"/>	Session 8: August 10 - 14

<input type="checkbox"/>	Session 1: June 16 - 19 (4 DAYS)
<input type="checkbox"/>	Session 2: June 22 - 24 (3 DAYS)
<input type="checkbox"/>	USTMA WILL BE CLOSED 6/29 - 7/4
<input type="checkbox"/>	Session 3: July 6 - 10
<input type="checkbox"/>	Session 4: July 13 - 17
<input type="checkbox"/>	Session 5: July 20 - 24
<input type="checkbox"/>	Session 6: July 27 - 31
<input type="checkbox"/>	Session 7: August 3 - 7
<input type="checkbox"/>	Session 8: August 10 - 14

3 WEEKS PER STUDENT DUE BY 5/2/26. Full payment is due by JUNE 1, 2025
If you have any questions please feel free to contact us: info@ustma.com | 703 777 1000

USTMA REPRESENTATIVE PAYMENT NOTES (**Please do not write in this section**) :
