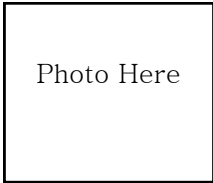


Rig\$99	Uniform	T-shirt
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# 2024—2025

## **Before After School Program**

### **Enrollment Registration Form**

**Child Information:**

Student Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_  
 SCHOOL: \_\_\_\_\_

**Parental Information:**

Father's Name: _____	Mother's Name : _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Address: : _____	Address: _____
_____	_____
_____	_____
Email: _____	Email: _____

**Emergency Information:**

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Insurance Company Name:** \_\_\_\_\_  
 Policy No: \_\_\_\_\_ Expiration: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

I agree to waive any and all claims against persons connected with Yong in Martial Arts Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise. I understand that Yong In Martial Arts Academy reserves the right to remove any child from the program and Yong In Martial Arts Academy is not responsible for personal property lost or stolen while members and/or program participants are using Yong In Martial Arts Academy's facilities or on premises. I give permission to the Yong In Martial Arts Academy to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Yong In Martial Arts Academy programs. This also serves as specific permission to transport your child to and from the facility for Tae Kwon Do.

I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the Yong In Martial Arts Academy. I agree to adhere and abide by the policies of Yong In Martial Arts Academy.

**Fees: After \$150, Before \$150, B4/After Program: \$250/week**

\*Credit Card Visa[ ] Master[ ] # \_\_\_\_\_ Exp. [ / ]

Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# Yong In Martial Arts Academy


6700 Fleet Drive | Alexandria, VA 22310 | ☎ 703.313.8804

## Winter Camp Schedule

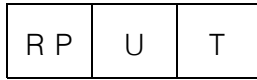
Dec. 23rd 2024~Jan. 3rd 2025

Closed on Dec. 24-25th, 28th, 31st, & Jan.1st



	12/23/24 12/30/24	12/24/24 12/31/24	12/25/24 01/01/25	12/26/24 01/02/25	12/27/24 01/03/25
6:30-9:00am	<b>Drop-off and Check-in</b>				
9:00am-12:00pm	Gym Games	CLOSED	CLOSED	Educational activity, reading book, Draw, Coloring Papers.	Educational activity, reading book, Draw, Coloring Papers.
12:00 - 1:00pm	<b>Lunch Time</b> <i>**Half Day Camp Students will be going home at this time</i>				<b>Pizza Party</b>
1:00 - 1:30pm	<b>Free Time</b>				
1:30-3:50pm	 CHUCK E. CHEESE'S Basketball	CLOSED	CLOSED	Field Trip Korean Market (Bring up tp \$20)	<b>Talent Show</b>
3:50-4:20pm	<b>Change into uniform and prepare for class</b>				
4:30-5:20pm	<b>Exciting Tae Kwon Do class</b>				
5:20-6:30pm	<b>Clean up and get ready to go Home</b>				

Pizza party Fun at Chuck E. Cheese's Exercise at the Pool Movie on 200" screen Special Tae Kwon Do Breaking The art of folding paper	<b><u>LEADERSHIP</u></b> <b><u>DISCIPLINE</u></b> <b><u>FUN!!!</u></b> <b><u>RESPECT</u></b> <b><u>COOPERATION</u></b> <b><u>SELF CONFIDENCE</u></b>	Gymnastics, Recreation Tae Kwon Do, movie time, Dance Party, Cooperation games, Dodge ball, Other <b>NEW FUN</b> Games. Learning self-defense Structured games
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# Winter Camp Program Enrollment Registration Form

*Dec 23rd-27th 2024 & Dec 30th-Jan 3rd 2025 (2 weeks)*

**CLOSED DEC. 24-25th, 28th, 31st, & JAN. 1st**



### Child Information:

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SCHOOL: \_\_\_\_\_

### Parental Information:

Father's Name: \_\_\_\_\_ Mother's Name : \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: : \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Information:

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_  
 Policy No: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

I agree to waive any and all claims against persons connected with Yong in Martial Arts Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise. I understand that Yong In Martial Arts Academy reserves the right to remove any child from the program and Yong In Martial Arts Academy is not responsible for personal property lost or stolen while members and/or program participants are using Yong In Martial Arts Academy's facilities or on premises. I give permission to the Yong In Martial Arts Academy to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Yong In Martial Arts Academy programs. This also serves as specific permission to transport your child to and from the facility for Tae Kwon Do.

I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the Yong In Martial Arts Academy. I agree to adhere and abide by the policies of Yong In Martial Arts Academy.

Fee: \$220.00 (per week)

\*Credit Card Visa[ ] Master[ ] # \_\_\_\_\_ Exp. [ / ]

Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Yong In Martial Arts Academy






6700 Fleet Drive | Alexandria, VA 22310 | Ph: (703) 313-8804 | [www.yonginacademy.com](http://www.yonginacademy.com)



## 2024 Spring Camp



**Camp Dates: March 25th~ March 29th, 2024 | Hours: 6:30am - 6:30pm**

	Monday	Tuesday	Wednesday	Thursday	Friday
6:30 - 9:00am	Drop off & check in				
9:00am - 12:00pm	Moon bounce, Zip line cooperation games	Lee District Park			Pizza party
12:00 - 1:00pm	LUNCH TIME				
1:00 - 1:30pm	Free Time				
1:30 - 3:50pm		Dodge ball, cooperation games			Fun Things
3:50 - 4:30pm	Change into uniform and prepare for class				
4:30 - 5:20pm	<b>Exciting TAE KWON DO Class!!!</b>				
5:20 - 6:30pm	Clean up and get ready to go home				
<i>*Six Flags optional—students may choose to participate in one of the other morning activities we offer</i>					

**LEADERSHIP**

**RESPECT**

**DISCIPLINE**

**SELF-CONFIDENCE**

**COOPERATION**

**FUN!!!**

## Hurry - Limited Space Available!!!

**Reserve your spot!!! Bring your friends!!! Ages 4 and up!!!**

***\$220 week (5 days) \*includes field trips\****

Please bring your mask, water bottle, and your lunch or lunch money

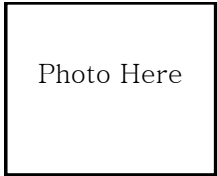
**Please register at the office or ask any staff member**

R	P	U	T
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# Spring Camp Program

## Enrollment Registration Form

March 25th-March 29th 2024



**Child Information:**

Student Name: _____	D.O.B: ____/____/____
Student Name: _____	D.O.B: ____/____/____
Student Name: _____	D.O.B: ____/____/____
SCHOOL: _____	

**Parental Information:**

Father's Name: _____	Mother's Name : _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____
Address: : _____	Address: _____
_____	_____
_____	_____
Email: _____	Email: _____

**Emergency Information:**

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy No: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

I agree to waive any and all claims against persons connected with Yong in Martial Arts Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise. I understand that Yong In Martial Arts Academy reserves the right to remove any child from the program and Yong In Martial Arts Academy is not responsible for personal property lost or stolen while members and/or program participants are using Yong In Martial Arts Academy's facilities or on premises. I give permission to the Yong In Martial Arts Academy to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Yong In Martial Arts Academy programs. This also serves as specific permission to transport your child to and from the facility for Tae Kwon Do.

I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the Yong In Martial Arts Academy. I agree to adhere and abide by the policies of Yong In Martial Arts Academy.

**FEES: \$220/WEEK**

\* Credit Card Visa [ ] MasterCard [ ] # \_\_\_\_\_ Exp. [ / ]

Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





# Yong In Martial Arts Academy

6700 Fleet Drive | Alexandria, VA 22310 | Ph: (703) 313-8804 | [www.yonginacademy.com](http://www.yonginacademy.com)



## 2024 Summer Camp

**Camp Dates: June 3rd ~ August 16th, 2024 | Hours: 6:30am -6:30pm**

	Monday	Tuesday	Wednesday	Thursday	Friday
6:30 - 9:00am	Drop off & check in				
9:00am - 12:00pm	Activities	Field Trip	Activities	Field Trip	No field trip: Educational activities, reading
12:00 - 1:00pm	LUNCH TIME				PIZZA PARTY!!!
1:00 - 1:30pm	Free Time				
1:30-3:00		Activities			Board games Special TKD Breaking/Demo
3:00-3:50		Activities		Activities	
3:50 - 4:30pm	Change into uniform and prepare for class				
4:30 - 5:20pm	<b>Exciting TAE KWON DO Class!!!</b>				
5:20 - 6:30pm	Clean up and get ready to go home				
<i>*Six Flags optional—students may choose to participate in one of the other morning activities we offer</i>					

LEADERSHIP

RESPECT

DISCIPLINE

SELF-CONFIDENCE

COOPERATION

FUN!!!

### Hurry - Limited Space Available!!!

**Reserve your spot!!! Bring your friends!!! Ages 4 and up!!!**

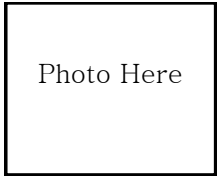
***\$220 week (5 days) \*includes field trips\****

Registration Fee: \$99 (includes a FREE UNIFORM and T-shirt) | Fee waived for Members

Please register at the office or ask any staff member

R	P	U	T
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# 2024



## Summer Spring Camp Program Enrollment Registration Form

### Child Information:

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 SCHOOL: \_\_\_\_\_

### Parental Information:

Father's Name: \_\_\_\_\_ Mother's Name : \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: : \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Information:

In case of emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relation: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_  
 Policy No: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

I agree to waive any and all claims against persons connected with Yong in Martial Arts Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise. I understand that Yong In Martial Arts Academy reserves the right to remove any child from the program and Yong In Martial Arts Academy is not responsible for personal property lost or stolen while members and/or program participants are using Yong In Martial Arts Academy's facilities or on premises. I give permission to the Yong In Martial Arts Academy to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Yong In Martial Arts Academy programs. This also serves as specific permission to transport your child to and from the facility for Tae Kwon Do.

I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the Yong In Martial Arts Academy. I agree to adhere and abide by the policies of Yong In Martial Arts Academy.

FEES: 5 half-days (ends @ 12 pm or noon to 6:30pm): **\$179.00**

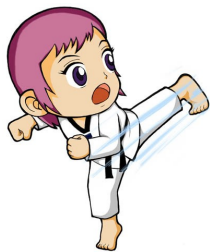
1 day: **\$99.00**      2-3 days **\$189.00**      4 -5 days: **\$249.00**

\* Credit Card Visa [ ] MasterCard [ ] # \_\_\_\_\_ Exp. [ / ]

Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Yong In Martial Arts Academy

6700 Fleet Drive \* Alexandria, VA \* 22310 ☎ 703.313.8804



## 2024 Summer Camp



Check all dates ( ✓ ) that student will be attending camp.

### Summer Full Day Camp

Cost: only \$220/week

\*Closed July 4th for Independence Day Holiday\*

(Drop-off between 6:30-9:00am, Pick-up between 4:00-6:30pm)

<u>Week</u>	<u>Period</u>	<u>Attending</u>
Week 1	06 / 03 ~ 06 / 07	(   )
Week 2	06 / 10 ~ 06 / 14	(   )
Week 3	06 / 17 ~ 06 / 21	(   )
Week 4	06 / 24 ~ 06 / 28	(   )
Week 5	07 / 01 ~ 07 / 05	(   )
Week 6	07 / 08 ~ 07 / 12	(   )
Week 7	07 / 15 ~ 07 / 19	(   )
Week 8	07 / 22 ~ 07 / 26	(   )
Week 9	07 / 29 ~ 08 / 02	(   )
Week 10	08 / 05 ~ 08 / 09	(   )
Week 11	08 / 12 ~ 08 / 16	(   )
Week 12	N/A	

Date Paid	\$Amt	Cash	Check	C/C
/				
/				
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### Summer Half Day Camp

Cost: only \$179/week

\*Closed July 4th for Independence Day Holiday\*

(Drop-off between 6:30-9:00am, Pick-up by 12:00pm)

### Medical Information

	Yes	No
Does you child/children have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child/children have any allergies/medical concerns?	<input type="checkbox"/>	<input type="checkbox"/>
◆ If yes, please explain: _____		
Does your child/children take medication?	<input type="checkbox"/>	<input type="checkbox"/>
◆ If yes, please list: _____		
Does your child/children have and health issues?	<input type="checkbox"/>	<input type="checkbox"/>
◆ If yes, please explain: _____		



# Yong In Martial Arts Academy

6700 Fleet Drive \* Alexandria, VA \* 22310 ☎ 703.313.8804



## Sleepover



DATE: TBA

TIME: 7:30PM ~ Next Day 9:00AM

### Sleepover Schedule for Friday

- 7:00 ~ 7:30 Drop Off
- 7:40 ~ 8:40 Pizza Party, Rest & Play!!
- 8:40 ~ 9:20 Games...
- 9:20 ~ 10:00 Dance Contest, Moon Bounce!!!
- 10:00 ~ 10:10 Ready to sleep with Movie!!!

**Special Tae Kwon Do  
Breaking**

**Pizza, Donuts & Drinks**

**Fun and Fitness**

**Fun Movie Night**

### Sleepover Schedule for Saturday

- 7:00 ~ 7:05 Getting up from bed!!!
- 7:05 ~ 7:15 Pack things up!!
- 7:15 ~ 7:40 Stretching, Jogging (optional)
- 7:40 ~ 8:00 Take a rest!!!
- 8:00 ~ 8:30 Breakfast (Donuts, milk & juice)
- 8:30 ~ 9:00 Pick up

### Requirements

Reserve your spot!!!

sleeping bags, pajamas, books, devices

Bring your friends!!! Ages 4 and up!!!

**Fee -- \$50**

Parents! Don't miss this chance to treat yourself to a night off!!!

# Yong In Martial Arts Academy

## Sleepover

Student Name(s): \_\_\_\_\_

Telephone: Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_ Home: (    ) \_\_\_\_\_ - \_\_\_\_\_

Pay for            Cash (    )    Credit card \_\_\_\_\_ Ex \_\_\_\_\_

Name of Guests	Age	Telephone Number
----------------	-----	------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

### LIABILITY RELEASE FORM

I, \_\_\_\_\_, release Yong In Martial Arts of all liability for injury to myself or my child and their above stated guests. That they may suffer as a result of their participation in Yong In Martial Art sleepover on the above stated date. I have received notice from the school of the risk of injury as a result of such participation, and I and heirs assign waive and hold harmless Yong In Martial Art of all liability for such injury.

Signed: \_\_\_\_\_

In case of emergency: Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

# Yong In Martial Arts Academy

6700 Fleet Drive | Alexandria, VA 22310 ☎ 703.313.8804



## *Birthday Parties*



**Come Celebrate Your Child's Next Birthday With Us!!!**

### **Included**

30 minute private lesson for you and your guests  
Followed by a one hour & 30 minutes party for your guests

Target Kicking  
Breaking Boards  
Moon Bounce  
Cake cutting w/ sword

**For the Special Birthday Child**  
Your child will be a "Black Belt for a day"  
and will also receive a  
special gift:

◆ **Tae Kwon Do T-shirt**

**Cost: Only \$199.00 (member)**  
**\$299.00 (non-member)**

**SATURDAYS ONLY**  
**2:00pm-4:00pm OR 4:30pm-6:30pm**

**Unlimited Guests**

[www.yonginacademy.com](http://www.yonginacademy.com)

**Ask staff members for more information and reserve your spot today!!!**

6700 Fleet Dr | Alexandria, VA 22310

Ph: (703) 313-8804 | Fax: (703) 313-8804

# ***Yong In Academy Tae Kwon Do***

## **- Birthday Party -**

### ***Birthday Party Registration Form***

Student Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Party Date: \_\_\_\_\_ Time (Circle one): 2pm-4pm OR 4:30pm-6:30pm

Approximate # of guests: \_\_\_\_\_

Approximate age group of guests: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

phone #: \_\_\_\_\_

secondary phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Visa  Master  # \_\_\_\_\_ Exp. [   /   ]

Cash  Total: \_\_\_\_\_

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**COSTS: ONLY \$199.00 (members)**

**\$299.00 (non-members)**

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Any questions or concerns, give us a call at 703.313.8804 or email us

@masterkwwoo@gmail.com