

# HAPMUDO Martial Arts Summer Camp

## 2026 Registration Form

SPACE IS LIMITED

**Dates:** June 15 - Aug 28, 2026 | **Camp Times:** 9am – 4pm | **Before/After Care:** 7am-9am/4pm-6pm  
**Place:** 7137 Old Alexandria Ferry Rd., Clinton, MD 20735 | **Phone:** 301-868-8880 **Fax:** 301-868-0805

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**T-Shirt Info:** Size : ChS ChM ChL AdS AdM AdL AdXL Qt: 1 2 3 4 5 6

**PLEASE CIRCLE ONE**

**\$30 – 2 Camp T-shirts** Date Pd: \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_ Pay Later Option (initials) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### **Paid In Full - New Year Discount**

**Expires Jan 31, 2026 | Cash Only**

*Limited to 5 Campers Only!*

☐ **\$1,800** (Save \$650!)

**All Weeks Included | 4 Exclusive 1on1 Private Lessons**  
**Registration Waived | Before/After Care Included All Summer**

### **Paid In Full Package A**

**Expires March 1, 2026 | Cash, Check or Charge**

*Limited to 5 Campers Only!*

☐ **\$1950** (Save \$500!)

**All Weeks Included | 4 Exclusive 1on1 Private Lessons**  
**Registration Waived | Before/After Care Included All Summer**

June 15-18* <input type="checkbox"/> <b>Week 1</b>	June 22-26 <input type="checkbox"/> <b>Week 2</b>	June 29-3 <input type="checkbox"/> <b>Week 3</b>	July 13-17 <input type="checkbox"/> <b>Week 4</b>	July 20-24 <input type="checkbox"/> <b>Week 5</b>
July 27-31 <input type="checkbox"/> <b>Week 6</b>	Aug 3-7 <input type="checkbox"/> <b>Week 7</b>	Aug 10-14 <input type="checkbox"/> <b>Week 8</b>	Aug 17-21 <input type="checkbox"/> <b>Week 9</b>	Aug 24-28 <input type="checkbox"/> <b>Week 10</b>

**Registration Fee: \$150** (Non-Refundable) \***(No Camp Friday June 19, 2026) (No Camp July 6-10, 2026)**

**NO REFUNDS**

**Pre-Registration Rates:** **(Rates Increase After April 15, 2026)**

☐ **\$195 per week** (Active Hapmudo Student Discounted Rate)

☐ **\$165 per week** (Active Hapmudo Sibling Discounted Rate/Active-Duty Military)

**Interested In...**

**Registration Fee \$** \_\_\_\_\_ **Date** \_\_\_\_\_

**Total Paid \$** \_\_\_\_\_ **Date** \_\_\_\_\_

☐ **Unlimited Before & After Care \$35 per week**

(7am-9am Before Care; 4pm-6pm After Care)

**Field Trips** (at event cost) (trip fees vary) \***Lunch Not Provided - Field Trips Event Fee Is Not Included – NO REFUNDS**

I hereby submit my application for registration in the **Hapmudo Seminars and/or Camps**. I understand and agree that I will pay the **Field Trip Fee** for every week that I reserve a spot for my child with the understanding that this camp is based on slot occupancy NOT attendance, and that the amount of campers reserved for the week determines the “at cost” field trip event fee.

**Initial** \_\_\_\_\_

I agree to waive claims against any person, school or association connected with the **Seminar and/or Camps/ Transportation Company** for any injuries I may sustain, and likewise will assume full responsibility for all my actions in connection with the **Seminar and/or Camps**. I understand further that I shall strictly observe the rules and regulations governing this **Seminar and/or Camps**. I further agree that any pictures taken of or by me in connection with the **Seminar and/or Camps** can be used by Grandmaster **Yong Sung Lee or YSL Hapmudo Studios** for publicity or promotion without compensation at this or any time. I understand camp is based on slot occupancy not attendance and therefore there are no refunds. \***(No Camp Friday June 19, 2026) (No Camp July 6-10, 2026)**

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**CAMPER HEALTH HISTORY**

Child's Name: \_\_\_\_\_

**The following information is required:**

1<sup>st</sup> Emergency Contact

(Parent or Legal Guardian):

Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact

(Other than Parent Above):

Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

1 Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?      **NO**      ☐

☐ YES, Explain: \_\_\_\_\_

2 Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?      ☐      **NO**

☐ YES, Explain: \_\_\_\_\_

**IMMUNIZATION INFORMATION:**

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

\_\_\_\_\_

1. Country in which child resides:

\_\_\_\_\_

2. Is this child exempt from any immunizations?      [ ] **NO**

[ ] **YES**, List them: \_\_\_\_\_

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_