

# Sarah's School of Martial Arts

## Summer Vacation Camp Information!

**HALF DAY  
CAMP**



### SSOMA camp

Snacks are included in this camp  
(Kids must bring own lunch)

**Cost:** \$250

**Dates:** Monday, July 17<sup>th</sup> to Friday, July 21<sup>st</sup>  
AND/OR

Monday, August 21<sup>st</sup> to Friday, August 25<sup>th</sup>

**Hours:** 9:00 am - 2:00 pm (Early 8:30 drop off  
fee \$30 for the week.)

**Ages:** 5-12

### **CAMP SCHEDULE**

Day 1: Team building/ Game day/Shotokan  
training.

Day 2: "Field Day"

Day 3: Nerf day!

Day 4: Movie/Arts and Crafts

Day 5: Karate at Ottoson Field/Ice cream day!

### **Camp fun!**

-Learning the philosophy of Shotokan Karate.

-Nunchuck training.

-Minute to win it!

-Team building/Obstacle courses

**PLUS MUCH MORE!**

(During Nerf day, students are allowed to  
bring their own.)

1100 Massachusetts Avenue  
Arlington, ma 02476, 3<sup>RD</sup> Floor  
Phone: 781-641-0262



# SHOTOKAN KARATE

FOR MORE INFO VISIT

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

(SarahsSchoolArl@Gmail.com)



**BE GREAT**



## Our Mission...

'Changing lives for the better.'

We believe real change comes from within, and the most important weapon is confidence. With that, you can achieve anything. We try to promote a culture of respect for all students and teachers alike. We will also show respect to our guests, as it is an essential part of martial arts. Disrespect and bullying of any kind will not be permitted here.

**2017 Summer Vacation Camp Form for Sarah's School of Martial Arts**

**(Please fill out completely)**

Childs name: \_\_\_\_\_

Childs address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardians name: \_\_\_\_\_

Parent/Guardians phone number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Please check off the camp(s) your child is attending:

**July 17<sup>th</sup>- July 21<sup>st</sup>**

**August 21<sup>st</sup>- 25<sup>th</sup>**

Early drop off for 8:30? Y / N

**Child/Family doctor information**

Name: \_\_\_\_\_

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

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

**In case of an emergency, please write a name and phone number of an emergency contact**

Name: \_\_\_\_\_

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

If your child has any food allergies, please list them below.

\_\_\_\_\_  
If your child needs to be given certain medication during our summer camp hours then we **MUST** have a written note from his/ her doctor. Parent/Guardian must sign below for the allowance of our staff to distribute the necessary medication for their child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If for any reason my child needs emergency medical help, I give permission to the staff at Sarah's School of Martial Arts to contact emergency personal.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please make checks payable to Sarah's School of Martial Arts)

**Deadline to sign up is June 1<sup>st</sup>!**