



"D.E.V.E.L.O.P YOUR CHARACTER" TMAX SUMMER CAMP 2024

March 1, 2024

Dear Parents/Guardians,

Welcome to True Martial Arts Excellence (TMAX) Summer Camp! "DEVELOP your character!"

"Winning is a habit- unfortunately so is losing ... " - Vince Lombardi

This summer is our time to win. We have the chance to keep our lead for students who are advanced in class or the chance to make up for lost time for those who are behind before the next school year begins. Now is the time to create great habits.

Choosing a winning summer program for your child can be a challenge. We are fortunate to continue our Martial Arts Summer Camp, which brings a perfect balance of learning and fun. By combining our dynamic program of summer camp and Martial Arts Class, it satisfies both the parents' and child's wants. We are able to uniquely combine academics and recreation.

By enrolling your child in our summer program, you have chosen help your child take a journey to be a future leader. Our mission is to promote a positive lifestyle. We teach our students to cultivate and discipline their minds, bodies, and spirits, as well as promoting confidence through physical attributes and academic achievements. Our goal is to produce courageous, honorable, successful and responsible citizens.

Our team of responsible, caring staff members and professional instructors are here to provide positive role models, a safe program, fun and empowerment through Martial Arts and Academics. In accordance with our TMAX philosophy, *"Character Development through Martial Arts Excellence"* we are here to help you reach your fullest potential.

Thank you, and welcome to the exciting world of True Martial Arts Excellence. PARENT GUARDIA Caree Sincerely, Johnny W. Lee Education ΑI TMAX Tenets Self-esteen **CEO/Director** DISC **PI INF** Self-confidence Self-control TEACHER **NENTOR**



"Traditional Values and Modern Techniques"

2020 Huntington Dr. #A San Marino, CA 91108 Tel.. 626)457-8629 www.tmaxtkd.com

트라인배클(Trincircle)



"Traditional Values and Modern Techniques"

2020 Huntington Dr. #A San Marino, CA 91108 Tel. 626.457.8629 www.tmaxtkd.com

TMAX Summer Camp 2024

Tuition and Fee

Child's Name	Grade:	Age:
--------------	--------	------

*One-time Enrollment/Material fees are done per applicant are Non-Refundable: \$75.00 for Non-TMAX member; \$45 for TMAX member

TMAX Summer Camp Begins:

07/08 ~ 07/12 (Week 1)	[]
07/15 ~ 07/19 (Week 2)	[]
07/22 ~ 07/26 (Week 3)	[]
07/29 ~ 08/02 (Week 4)	[]

Hours: 8:30 am to 3:30 p.m

Per week:	\$450 / 1 week
Two (2) Weeks:	\$810 / 2 weeks
Three (3) Weeks	: \$1,1 47/ 3 weeks
Four (4) Weeks:	\$1,495/ 4 weeks
*Daily Rate:	\$100 / per day

Refund Policy

Full Summer Camp refund up until June 1, 2024. Between April 1st and June 1st, we will refund in full minus the \$75 deposit. After June 1st, there are no refunds.

Additional Charges/Discounts:Daily rate:\$100 / per day*Field trip is excluded.*Sibling discount:10% Off Discount*We do not allow make up days.



"Traditional Values and Modern Techniques"

2020 Huntington Dr. #A San Marino, CA 91108 626.457.8629 www.tmaxtkd.com

SUMMER CAMP SCHEDULE

- 8:30 9:00 a.m Drop-Off/ General Supervision
- 9:00 11:00 a.m "D.E.V.E.L.O.P YOUR CHARACTER" Arts and Crafts/ Introduction to Character Development (Production: Sketching, Coloring, 3D Sculpting, and Computer Graphic) Instructor: Master Johnny W. Lee (Scholar at Art Center College of Design, Pasadena Class of '03)
- 11:00 11:30 a.m **Snack Time**
- 11:30 12:30 p.m SPECIAL ACHIEVEMENPROGRAM & GAMES
- 12:30 1:30 p.m Lunch Time
- 1:30 3:00 p.m Character Development II & Special Achievement Program
 - TaeKwonDo (more than curriculum)
 - Sports-Soccer, Handball, Dodgeball, Scooter, Biking, and etc.
 - Lego, Pearler, and etc.
 - Lacy park
- 3:00~3:30 p.m **2nd Snack Time/Pick-up**
- (3:30~4:20 p.m) Taekwondo Class



 TRUE MARTIAL ARTS EXCELLENCE
 "Traditional Values and Modern Techniques"

 2020 Huntington Dr. #A San Marino CA 91108 Tel. 626.457.8629 www.tmaxtkd.com

Billing Information

PRE-AUTHORIZED CREDIT CARD PAYMENT AGREEMENT

Billing Address		Parent's Name	
Home Phone ()	Home Phone ()	Billing Address	
Work Phone () Ext Contact EmailAddress: □ I would like to pay personal check: Payable to: TMAX □ I would like to sign up for automatic payment from my credit or debit card Chereby authorize TMAX Summer Camp to keep my signature on file. Understand that TMAX is authorized by me to charge my credit card charge fee or debit card for the amount of any outstanding balance in TMAX account. Credit Card Type: VISA MasterCard Discover Cardholder's Name (as it appears on the card):	Work Phone () Ext Contact EmailAddress:	city:	state zip code
Contact EmailAddress:	Contact EmailAddress:	Home Phone ()	
 I would like to pay personal check: Payable to: TMAX I would like to sign up for automatic payment from my credit or debit card hereby authorize TMAX Summer Camp to keep my signature on file. understand that TMAX is authorized by me to charge my credit card charge fee or debit card or the amount of any outstanding balance in TMAX account. Credit Card Type: VISA MasterCard Discover Cardholder's Name (as it appears on the card): 	 I would like to pay personal check: Payable to: TMAX I would like to sign up for automatic payment from my credit or debit card thereby authorize TMAX Summer Camp to keep my signature on file. understand that TMAX is authorized by me to charge my credit card charge fee or debit card tor the amount of any outstanding balance in TMAX account. Credit Card Type: VISA MasterCard Discover 	Work Phone ()	Ext
I would like to sign up for automatic payment from my credit or debit card hereby authorize TMAX Summer Camp to keep my signature on file. understand that TMAX is authorized by me to charge my credit card charge fee or debit card for the amount of any outstanding balance in TMAX account. Credit Card Type: VISA MasterCard Discover Cardholder's Name (as it appears on the card):	□ I would like to sign up for automatic payment from my credit or debit card hereby authorize TMAX Summer Camp to keep my signature on file. understand that TMAX is authorized by me to charge my credit card charge fee or debit card for the amount of any outstanding balance in TMAX account. Credit Card Type: □ VISA □ MasterCard □ Discover	Contact EmailAddress:	
 Thereby authorize TMAX Summer Camp to keep my signature on file. Cunderstand that TMAX is authorized by me to charge my credit card charge fee or debit card For the amount of any outstanding balance in TMAX account. Credit Card Type: VISA MasterCard Discover Cardholder's Name (as it appears on the card): 	hereby authorize TMAX Summer Camp to keep my signature on file. understand that TMAX is authorized by me to charge my credit card charge fee or debit card for the amount of any outstanding balance in TMAX account. Credit Card Type: VISA MasterCard Discover	□ I would like to pay pe	ersonal check: Payable to: TMAX
Image: Inderstand that TMAX is authorized by me to charge my credit card charge fee or debit card For the amount of any outstanding balance in TMAX account. Credit Card Type: VISA MasterCard Discover Cardholder's Name (as it appears on the card):	I understand that TMAX is authorized by me to charge my credit card charge fee or debit card For the amount of any outstanding balance in TMAX account. Credit Card Type: VISA MasterCard Discover	□ I would like to sign up	p for automatic payment from my credit or debit card
Cardholder's Name (as it appears on the card):		understand that TMAX is autho	brized by me to charge my credit card charge fee or debit card
	Cardholder's Name (as it appears on the card):	Credit Card Type: 🗌 VISA	MasterCard Discover
Credit Card # Expired Date:/ CVV2:		Cardholder's Name (as it appe	ears on the card):
	Credit Card # Expired Date:/ CVV2:	Credit Card #	Expired Date: CVV2:

Parent's Signature _____ Date _____



"Traditional Values and Modern Techniques"

1790 E. Washington Blvd. Pasadena CA 91104 Tel. (626)398.5337 www.tmaxtkd.com

Identification and Emergency Information

Full Name of Child	Birth	date	
Address	CityZip	o Home Phone	
Father's Name	Address		_
Father's Work:()	Cell:()	Employer	_
Mother's Name	Address		
Mother's Work:()	Cell:()	<u>E</u> mployer	

<u>NOTE</u>: Emergency contact should be a person who will pick up your child within a matter of minutes. Please keep this in mind when considering relatives who live a long distance from the school.

In an emergency, True Martial Arts Excellence (TMAX)	will make every effort to contact parents first. If the
parents cannot be reached, the people listed below are	e authorized to pick up my child from school.

Please explain any Medical Concernsor Allergies:

PLEASE LIST NAMES AS THEY APPEAR ON OFFICIAL IDENTIFICATION

Name:	Relationship:	Home:
		Work:
Name:	Relationship:	Home:
		Work:
Name:	_Relationship:	Home:
		Work:
Signature of Parent or Guardian		Date