

ELITE KARATE
Camp Application and Agreement

Student Information

Name: _____
Address: _____ City: _____ Zip: _____
Birth date: _____ Age: _____ Sex: (M / F) Grade: _____
Phone number: _____

Parent Information

Primary Parent/Guardian: _____ Relationship: _____
Cell Phone #: _____ Work Phone #: _____ Work Phone #: _____
Home address: _____
Place of Work: _____
Other Info: _____ Email Address: _____
Second Parent/Guardian: _____ Relationship: _____
Cell Phone #: _____ Work Phone #: _____ Work Phone #: _____
Home address: _____
Place of Work: _____ Email Address: _____

Emergency Contact Information

Persons to call in case of emergencies, **if parents/guardians cannot** be reached:
Name: _____ Phone #: _____ Relationship: _____
Address: _____
Name: _____ Phone #: _____ Relationship: _____
Address: _____

Authorization for Emergency Medical Care/Transportation

I authorize Master Hsu or a person in charge to arrange emergency transportation and seek emergency medical attention for my child, in the event that I cannot be reached to make arrangements for emergency medical attention.

Authorized Pickup List

I authorize the following persons, including siblings under 18 years old, (not listed above) to pick up my child:

Name: _____ Relationship: _____
Name: _____ Relationship: _____

Transportation

I give permission for my child to be transported and supervised by Elite Karate during the Summer Camp Program.

Water Activity Authorization

I authorize my child to participate in water activity field trips, including swimming.
 I authorize my child to use sunscreen provided by parent.

Medical Information

Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries in the past 12 months, any medications prescribed for long term continuous use, please include a copy of any health-care professional recommendations or orders for providing specialized medical assistance to the child; and any other information you think is appropriate, including behavioral issues:

Immunization Records

My child's immunization record is on file at the school they are currently attending and all immunizations and tuberculosis tests are current. All vision and hearing screenings are current and on file at the school my child is attending.

Name of camper's

school: _____

Address of camper's school: _____

Telephone number of school: _____

Receipt of Camp Program Policies

I acknowledge receipt of the Elite Karate Camp Program policies document and agree to the conditions and terms described in the document.

Consent to use photograph

I agree that Elite Karate can photograph my child and use image or depiction of my child for commercial purposes of Elite Karate to promote and advertise Elite Karate on its website or in other media.

Liability Waiver

I give permission for my child to attend the Camp program offered by Elite Karate. I understand that Elite Karate and the staff and instructors will do everything in their power to take care of my child at the Camp program. I will not hold Elite Karate or its staff or instructors responsible for any injury to my child during the Camp program and waive all claims against Elite Karate for any accident that may occur when my child is in their care.

Parent Signature

Date