



# Street Smart Defensive Arts

## Summer Karate Kamp Registration Form

### General Camper Information:

Campers Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in June/2010: \_\_\_\_\_ Waist size: \_\_\_\_\_ inches

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

City, Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Parent E-mail: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

#### Please Complete The Following:

##### Health History:

Is your child currently under a physician's care? (circle one) Y N / Health Card # \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\*Current Medications Being Taken: \_\_\_\_\_

Physician's Name and Phone #: \_\_\_\_\_

Please list any Physical limitations and/or medical conditions (allergies, hearing, sight, asthma, diabetes, etc.)

Waiver and Consent: I, the undersigned, hereby authorize Street Smart, Pickering Village United Church, or anyone acting on its behalf, to acquire necessary medical aid that may be required as a result of any accident or injury sustained by my child. I hereby indemnify and save harmless Street Smart and Pickering Village United Church from any and all actions, claims and demands for damages, loss or injury, however arising, which heretofore may have been sustained by my child while participating in the Street Smart Summer Camps.

I have read and agree to the above:

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Camp Dates Requested: \_\_\_\_\_

Early drop-off

Extended Pick-up

Early & Extended

P

\*At NO time may camp staff give your child ANY medication