

AUSTIN KARATE ACADEMY 2012 SUMMER CAMP REGISTRATION FORM

Martial Arts Summer Camp Personal Medical Information & Release Form & Waiver

This page is to be completed by a parent or guardian for every child attending Austin Karate Academy Camp. To avoid confusion: **ONLY ONE CHILD PER FORM**. Please photocopy this page if you need additional forms.

Camp Date - **July 9-13, 2012**

Camper Name _____ Camper DOB _____ Camper Age _____

Camper School _____

Parent/Gurdain First and Last name completing this registration form _____
First Name Last Name

Home Telephone # _____ Parent/Guardian Cell# _____

Home Address _____
Street City State Zip

E-Mail Address _____

If neither parent or guardian is available in the case of an emergency, please notify:

Emergency Contact # _____ Emergency Contact Name _____

Emergency Contact Relationship to Family _____

Doctor Name _____ Dr. Contact # _____

How did you hear about us? _____

If referred, who referred you? _____

Has the camper ever trained in martial arts before? _____ How long? _____

What specific benefits are you looking to gain from our Summer Camp?

Confidence () Assertiveness () Self-defense skills () Physical fitness ()
Self-control () Self-discipline () Self-esteem () Improve motor skills ()

Other () _____

Injury Waiver:

INTENT... I DO HEREBY STATE MY INTENT TO ENROLL IN THIS SCHOOL'S PROGRAM OF MARTIAL ARTS SUMMER CAMP AND WILL ABIDE BY THE REGULATIONS, CUSTOMS, CEREMONIES, AND CODE OF CONDUCT SET FORTH BY THE INSTRUCTORS AND SCHOOL AS A WHOLE.
HEALTH STATUS... FURTHERMORE, I CERTIFY THAT I AM IN GOOD HEALTH, AND KNOW OF NO IMPAIRMENT TO MY HEALTH OR PHYSICAL BEING THAT WOULD PREVENT ME FROM PARTICIPATING IN THIS SCHOOL'S PROGRAM OF MARTIAL ARTS SUMMER CAMP. I ALSO FULLY UNDERSTAND THAT AN INHERENT RISK EXISTS WHEN PARTICIPATING IN A MARTIAL ARTS SUMMER CAMP AND THAT THERE IS A POSSIBILITY THAT I MIGHT SUSTAIN AN ACCIDENTAL INJURY IN CONNECTION WITH THE ACTIVITIES OF THIS PROGRAM OF MARTIAL ARTS SUMMER CAMP, WHETHER DURING THE ACTUAL COURSE OF INSTRUCTION, IN ORGANIZED COMPETITION, OR OTHER TRAINING. I FURTHER AGREE TO ASSUME THE RISK OF ANY ADVERSE EFFECT ON MY HEALTH DUE TO MARTIAL ARTS CAMP IN THIS SCHOOL'S KARATE, TANG SOO DO, TAE KWON DO, AIKIDO, KUNG FU, GRAPPLING, JIU-JITSU, HAPKIDO, KICK BOXING, OR OTHER MARTIAL ARTS PROGRAM.
LEGAL WAIVER... IN CONSIDERATION OF THE PRIVILEGE OF PARTICIPATION IN THE ACTIVITIES OF THIS SCHOOL'S PROGRAM OF MARTIAL ARTS SUMMER CAMP, I HEREBY WAIVE ANY CLAIM AGAINST THIS SCHOOL, THE OWNERS, OR ANY INSTRUCTORS OR PERSONNEL INVOLVED WITH THIS SCHOOL, INCLUDING CLAIMS RELATED TO INJURIES SUSTAINED DUE TO ACTS OF NEGLIGENCE. I ALSO HEREBY AGREE NOT TO ASSERT ANY SUCH CLAIMS AGAINST THIS SCHOOL, THE OWNERS, OR ANYONE CONNECTED WITH SAID ORGANIZATION.

Signed _____ Date _____

Statement of Wellness for Participation and Permission to Administer Treatment:

I, _____, do hereby verify that my child, _____, to the best of my knowledge is free from contagious disease, is fully immunized and is able to participate fully in the camp programs. In the case of a medical emergency and the event that the parent/guardian cannot be immediately contacted, I hereby give my permission for emergency treatment to be administered to my child.

Signed _____ Date _____ Date of last DPT/Tetanus immunization _____
Parent/Guardian

Special Medical Concerns:

Please use the provided lines to describe any **allergies, medical conditions and special needs:**

Photo Release:

I give permission for Austin Karate Academy to use any photos taken during the camp in which myself or my son/daughter may appear in:

Signature

Medications Taken While in Camp:

Medication taken while your child is participating in the Austin Karate Academy camp must be given by one of the Camp Directors. Some exceptions may be made if the medication is best administered by the child (eg. Asthma Inhalers), but this must be approved by the Camp Director and the medication Administration Form must be completed. Medications must be fully labeled (name of child, name of medication, amount to be taken, etc.) and handed to a director the first day of camp. A passport sized photo of the child must also be included and attached. Prescription medication can only be dispensed if it is in the original container, properly labeled, with the dosage, time and the amount clearly marked. Please list all medications administered by Austin Karate Academy during camp and/or administered by parents, but while attending camp.

Medication Name	Amount	When to be given	How to be given
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Permission to Administer Medication:

I give permission for Austin Karate Academy to administer the above listed medication(s) in the above prescribed manner to my child.

Signature Parent/Guardian _____ Date _____
Printed name

Please check off the appropriate T-shirt size

Child Shirt Size	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L
Adult Shirt Size	<input type="radio"/> S	<input type="radio"/> M	<input type="radio"/> L

Payment Information: 50% Required. Thank you!

If paid by check (make check payable to Austin Karate Academy): Check # _____ Check Amt: _____