

# JUNG KIM'S MARTIAL ARTS Summer Camp Registration 2017

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX (M/F): \_\_\_\_\_

NAME(S) OF PARENT(S)/GUARDIAN(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

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## TRANSPORTATION RELEASE:

While attending Jung Kim's Martial Arts Summer Camp, your child may need to be transported from Jung Kim's North Side school to other various locations for recreational activities. They may be transported in private instructor vehicles.

\_\_\_\_ Yes, it is okay for my child to be transported by Jung Kim's Martial Arts Instructors.

STUDENT NAME (please print): \_\_\_\_\_

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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*New Members - Has the student had any experience in the martial arts? Yes / No  
(If "yes", please list when, where & belt rank information.)*

*New Members - Please list any sports and/or exercise programs the student has participated in:*

*All Members - Will the student require any special attention due to a physical, medical, mental or emotional condition or learning disability? Yes / No (If "yes", please explain.)*

*(This information will be kept strictly confidential. It is extremely helpful to our instructors to aid in their understanding of any individual limitations.)*

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PLEASE CHECK WHICH SESSION YOU ARE REGISTERING FOR:

( ) July 10 – July 14

( ) July 31 – August 4

( ) July 17 – July 21

( ) August 7 – 11

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