

JUNG KIM'S MARTIAL ARTS

Summer Camp Registration 2018

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

NAME(S) OF PARENT(S)/GUARDIAN(S): _____

ADDRESS: _____ HOME PHONE: _____

CITY, STATE, ZIP: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMPLOYER: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

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: _____

***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.)

PLEASE CHECK WHICH SESSION YOU ARE REGISTERING FOR:

() July 9 – July 13

() July 30 – August 3

() July 16 – July 20

() August 6 – 10

Signature _____

Date _____