



Street Smart Defensive Arts

Summer Karate Camp Registration Form

General Camper Information:

Campers Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Grade as of June/2010: _____

Street Address: _____

City, Postal Code: _____

Telephone: _____ 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

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