



CAMPER REGISTRATION FORM – 2009

Select week(s):

___ July 13-17 ___ July 20-24 ___ August 10-14 ___ August 17-21

Name: _____ Age: _____

Address: _____ Postal Code: _____

Name of Parent/Guardian: _____

Telephone (Home): _____ (Work): _____ (mother or father)

E-Mail: _____

If the above are not available, the following can be reached in an emergency

Name: _____ Relationship: _____

Telephone (Home): _____ (Work): _____

May we have permission to take your child's photo during this program? Yes _____ No _____

How did you hear about our camps? _____

Is your child taking prescribed medications? Yes _____ No _____

If yes, please describe: _____

Child's Doctor: _____ Telephone: _____

Health Card # _____

This is to confirm that I _____ have given permission to the staff of Greco Martial Arts to have my child admitted to the hospital for care in case of emergency. The Camp Director has my Health Card number and I understand I will be notified if an accident should occur.

The Applicant hereby releases and forever discharges Greco Martial Arts, the owners, his/her officers, instructors, members and authorized guests from any and all actions, causes of action, claims and demands whatsoever for damage, loss or injury, howsoever arising which may hereafter be sustained by me in consequence or my membership in the Center, and also agrees that the Greco Martial Arts, the Center, the owner, and its members shall not be responsible for any loss or theft or the applicant's personal possessions howsoever caused.

Date: _____ Parent/Guardian Signature: _____

OFFICE USE ONLY	
Uniform Size: _____	
Payment method: \$ _____ Cash \$ _____ Check _____	Payment Received