Rising Sun Martial Arts
2015
Summer Karate Camp

Registration Form
August 3rd through August 7th, 2015

Student Name _____
First Last

D.O.B. _____ Age _____ Gender M F

Address _____

_____

_____ _____
Parent Name Phone #

_____ _____
If parent is unavailable, call relative/friend. Phone #

Please state any and all physical/emotional/medical restrictions, allergies, etc. that may impact your child's participation in this program.

_____

_____

If there are any medications to be taken during camp, please give verbal and written instructions attached with this registration form.

In understand that my signature means that I give my son/daughter permission to participate in the Rising Sun Martial Arts 2015 Summer Camp program and that I fully release Rising Sun Martial Arts and its staff of responsibility for any bodily injury or emergency that may occur to my son/daughter during said program.

_____ _____
Parent Signature Date

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