

PURE MARTIAL ARTS FITNESS ACADEMY **SUMMER KARATE CAMP**





Deposit \$100

(Non-refundable)

	8 WEEK CAMP	Extended Day	1 2	3 4 5 6	7 8	Date:			
	WEEK CAMP	Extended Day		3 4 5 6	7 8				
Name				D.O.B		_Phone:			
۸.	Idmaga								
A	ldress:								
Ci	ty:	-		State:		_ Zip:			
Se	x	-	Δ ge·		Height:	Race:			
БС	Δ	4	1 i ge						
Student's Social Security#:Parent's Social Security#:									
Or	erator's License#:	100	State:	E-mail:					
Operator's License#: State: E-mail:									
In Case Of Emergency Contact Person: Name:									
Но	me Phone:	700	Territory.	_ Work Phone:	4				
Parent's Name & Address:									
					700	The same of the sa			
Ci	ty:	-	₩	State:	70	Zip			
Mother's Daytime Number: Father's Daytime Number									
M	Mother's Occupation Father's Occupation								
Education:									
Sc	hool Attended:			Address:		Grade:			
50	noor Attended	V 1001		Address	1	Grade			
Ever Suspended [] Yes [] No Ever Expelled []Yes [] No									
What kind of grades did your child make?									
				100	and the same of				
W	hat does your child like	most about school	?		= 1				
W	hat did your child like le	east about school?			7				
	•				01	Vi			
O	rerall, what kind of expe	erience was school	for your	child?		2			
Are there any behavioral problems that we need to be aware of?									
_									
Le	isure Activities								

What hobbies does the child have?

Medical Information Special Dietary/Medical Problems Personal Physician [if relevant] Name:_____ Address: _____ Telephone: ___ Health Insurance Carrier Type of Coverage Identification Number Date of Last Physical Date of Last Dental Exam Date of Last TB Screen ALL PARTICIPANTS MUST HAVE A CURRENT PHYSICAL EXAMINATION BEFORE THEIR APPLICATION IS ACCEPTED. INCOMPLETE APPLICATIONS WILL BE PLACED ON A WAITING LIST (FIRST COME FIRST SERVED) FOR ENTRY. IF THE LAST PHYSICAL EXAMINATION IS OVER A YEAR OLD A NEW EXAMINATION MUST BE SCHEDULED. _____the parent/guardian ______give the staff of Pure Martial Arts Fitness Academy permission to obtain medical and/or emergency medical treatment for my child should it become necessary. This permission is being given this ____day of ______in the year of _____. Parent/Guardian Signature Date Staff Signature Date

75% of Camp Tuition due on or before June 1st

	SUMMER KARATE CAMP	PAYMENT HISTORY	Total = \$	
DATE	DESCRIPTION	AMOUNT		BALANCE
	App. Fee & Camp Deposit			