

# Camp Kensho Summer 2017 Registration Form

M F	M F
Participant 1 Name: _____	Participant 2 Name _____
DOB: _____	DOB: _____
Parent's/Guardian's Name _____	Parent's/Guardian's Name _____
( ) _____	( ) _____
Home Phone	Mobile Phone
_____	_____
Address	Address
_____	_____
City, ST ZIP Code	City, ST ZIP Code

### Alternative Emergency Contacts

Primary Emergency Contact _____	Secondary Emergency Contact _____
( ) _____	( ) _____
Home Phone	Work Phone
_____	_____
Address	Address
_____	_____
City, ST ZIP Code	City, ST ZIP Code

**Session 1 July 10-15<sup>th</sup> / Session 2 July 17<sup>th</sup>-21<sup>st</sup> / Session 3 July 24<sup>th</sup>-28<sup>th</sup> Session 4 July 31<sup>st</sup>-August 4<sup>th</sup> / Session 5 August 7<sup>th</sup>-11<sup>th</sup>**

**Camp Tuition, Active Dojo Members \$189.00 Per Week / \$55 Daily / Non-Members \$225.00 Per Week / \$65 Dailey**

Students please bring a bag lunch. Lunch can be provided for \$10.00. Water will be available to camp members at no charge. Snacks will be available to purchase.

Parent/Guardian Permission: As a legal guardian I give permission for the registrant to participate in all phases of camp activities and off-site trips. I understand and agree to cooperate with all regulations. I will not allow registrant to attend if not in good physical condition. In an emergency, when the undersigned or other person named cannot be reached, I give permission for the camp authorities to take any emergency measures deemed appropriate. It is understood that all reasonable efforts will be made to contact the parent/ guardian.

I understand that when participating in Camp Kensho activities the registrant may be photographed for print, video or electronic im-aging. I understand that the images may be used in promotional and fundraising materials, news releases and other published for-mats, and will be the sole property of Kenshokan Martial Arts Academy.

Check if registrant MAY NOT:  Be photographed for Kenshokan publicity purposes

MAY  Participate in \_\_\_\_\_ e.g., active sports, swimming, etc Signature  
of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_