

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
() _____	() _____
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	Home Phone	Work Phone
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Camp Dates July 10th-August 11th. Hours: 9am - 3pm. We offer Early Drop Off (7:30am - 9am) By Pre Arrangement.
Session 1 July 10-15th / Session 2 July 17th-21st / Session 3 July 24th-28th Session 4 July 31st-August 4th / Session 5 August 7th-11th

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 _____