

Summer Camp 2019

I AM INTERESTED IN THE FOLLOWING CAMP WEEK/S:

July 2—5 *

July 29—Aug 2

July 8—12

Aug 6—9 *

July 15—19

Aug 12—16

July 22—26

Aug 19—23

* 4 day week

Participant Information:

First Name: _____ Last Name: _____

Address: _____

Birth date: (dd/mm/yyyy): ____/____/____ M/F: _____ Age: _____

Health Card #: _____

Guardian/Parent Information:

First Name: _____ Last Name: _____

Address: _____

Email Address: _____

Phone # Home: _____ Cell #: _____

Mother-Work: _____ Father-Work: _____

Emergency Contact: _____ Phone #: _____

Allergies: _____

Carries Epi Pen: YES / NO

Medications: _____

Taken for: _____

SPECIAL NEEDS:

Special needs/Medical Conditions:

Support requested: YES / NO

Attends with own support: Y / N

WAIVER MUST BE SIGNED IN ORDER TO COMPLETE REGISTRATION: In the consideration of the acceptance of my application or that of the minor whose name appears thereon, of whom I am the legal guardian, and the permission to participate in a program run by **White Fang Taekwon-Do**, I hereby waive and forever discharge **White Fang Taekwon-Do**, and all its staff from all claims, damages, costs and expenses in respect to injury or damage to my/their person or property, however caused which may occur as a result to my/their participation in the program in any location where the program is being held (i.e. field trips, organized swims, etc). I acknowledge and agree that **White Fang Taekwon-Do** may use photographs taken during the program and of the participants therein for promotional purposes.

Signature: _____ Date: _____