

# THE KARATE KIDZ SUMER DAY CAMP REGISTRATION 2025

2493 MILFORD ROAD, UNIT 200, EAST STROUDSBURG, PA 18301  
PHONE:570-872-0875 WEBSITE: eaststroudsburgmartialartscenter.org

## CAMPER INFORMATION

PLEASE COMPLETE THE FOLLOWING INFORMATION TO REGISTER FOR CAMP. THIS WILL HELP US ENSURE WE HAVE ALL NECESSARY DETAILS ABOUT EACH CAMPER. PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS.

- NAME: \_\_\_\_\_ MALE ☐ FEMALE ☐
- DATE OF BIRTH: \_\_\_\_\_
- STREET ADDRESS: \_\_\_\_\_
- CITY: \_\_\_\_\_ STATE \_\_\_\_\_
- HOME PHONE NUMBER: \_\_\_\_\_
- CELL PHONE(S): \_\_\_\_\_
- EMAIL: \_\_\_\_\_
- AGE AT TIME OF CAMP \_\_\_\_\_ GRADE ENTERING THIS FALL \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

### **PARENT/GUARDIAN #1:**

- NAME: \_\_\_\_\_
- HOME PHONE NUMBER: \_\_\_\_\_
- OCCUPATION: \_\_\_\_\_
- WORK PHONE NUMBER: \_\_\_\_\_
- CELL PHONE(S) \_\_\_\_\_
- EMAIL: \_\_\_\_\_
- RELATIONSHIP TO CAMPER: MOTHER ☐ FATHER ☐ GUARDIAN ☐  
OTHER \_\_\_\_\_

### **PARENT/GUARDIAN #2:**

- NAME: \_\_\_\_\_
- HOME PHONE NUMBER: \_\_\_\_\_
- WORK PHONE NUMBER: \_\_\_\_\_
- CELL PHONE(S) \_\_\_\_\_
- EMAIL: \_\_\_\_\_
- RELATIONSHIP TO CAMPER: MOTHER ☐ FATHER ☐ GUARDIAN ☐  
OTHER \_\_\_\_\_

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## EMERGENCY CONTACTS AND AUTHORIZED PICKUP PERSONS (IF PARENT/GUARDIAN CANNOT BE REACHED)

### **EMERGENCY CONTACT # 1**

- NAME: \_\_\_\_\_
- RELATIONSHIP TO CAMPER: \_\_\_\_\_
- HOME PHONE NUMBER: \_\_\_\_\_
- CELL PHONE(S): \_\_\_\_\_ WORK PHONE(S): \_\_\_\_\_

### **EMERGENCY CONTACT # 1**

- NAME: \_\_\_\_\_
- RELATIONSHIP TO CAMPER: \_\_\_\_\_
- HOME PHONE NUMBER: \_\_\_\_\_
- CELL PHONE(S): \_\_\_\_\_ WORK PHONE(S): \_\_\_\_\_

## MEDICAL INFORMATION

- ALLERGIES: \_\_\_\_\_
- DIETARY RESTRICTIONS: \_\_\_\_\_
- MEDICATIONS: \_\_\_\_\_
- SPECIAL NEEDS: \_\_\_\_\_

## ADDITIONAL INFORMATION

- PREFERRED CAMP DATES: \_\_\_\_\_
- ACTIVITIES INTERESTED IN: \_\_\_\_\_
- ADDITIONAL COMMENTS: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_