

# Summer Camp Registration Form

[ShinKarateSummerCamp.com](http://ShinKarateSummerCamp.com)

Please print clearly. Please complete all blanks on the form – if there is a blank that is not applicable, please write N/A

## Camper's Information:

Full Name \_\_\_\_\_ Nickname or Preferred Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

## Parent/Guardian Information:

Parent/Guardian #1 Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Parent/Guardian #2 Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

## Emergency Contact Information:

In the event that neither parent/guardian is available, emergency contacts will be contacted.

Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone Number 1 \_\_\_\_\_ Phone Number 2 \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone Number 1 \_\_\_\_\_ Phone Number 2 \_\_\_\_\_

Authorized person(s) for pick-up: \_\_\_\_\_

Person(s) not authorized for pick-up: \_\_\_\_\_

### Camper's Health History:

Please check all that apply and provide any additional information as necessary:

Allergies	Yes	No	Include type of allergy/any other information
Animals			
Insect Stings			
Plants/Trees			
Food			
Drugs			
Other			

Will the camper need to take any medication during the camp day?

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If yes, complete the Medication Authorization Form.

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Any specific needs or accommodations required?

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Any activities that are discouraged or limited by your camper's physician?

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Any dietary modifications or restrictions?

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### Medication Authorization Form

Are any prescription medications currently being taken by your child? Yes [ ] No [ ]

Are any of the following used by your child? Inhaler [ ] EpiPen [ ]

Name of Medication	Reason for Medication	Dosage	Frequency	Notes

My child may be given:

Aspirin [ ] Benadryl [ ] Ibuprofen [ ] Neosporin [ ] Tylenol [ ]

This health history is correct so far as I know. The person herein described has permission to engage in all activities as noted. I hereby give permission to the First-Aider or Adult-In-Charge to provide routine health care and witness prescribed medications. I consent for my child to receive such medical treatments as deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Shin Karate summer camp and after school program.

Should any medical emergencies arise during, I understand that reasonable efforts will be made to contact me or my delegated emergency contacts at the phone numbers I have provided. If it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact me or my designated alternate would cause, I consent to the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical faculty and the immediate administration of life-sustaining measures deemed necessary under the circumstances.

Child's Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Photo/Video Release Form

I hereby grant the Shin Karate the right to use any photographed and/or video image of my camper, to edit such photograph and/or video in any manner it deems fit. I understand that the photograph and/or video image of me or my camper may be used for educational and or promotional purposes of the Shin Karate, and it is not being produced for profit.

I hereby release the Shin Karate, its agents and/or licensees from any and all liability for claims and/or demands arising out of the agreement as set forth above. I will make no monetary or other claim against the Shin Karate for the use of any photograph and/or video.

Name of Camper: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please check the box below if you do NOT consent to your camper being photographed or videoed while at camp

Please do not take photos or videos of my camper [  ]

Name of Camper: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Code of Conduct

All program/camp participants are required to conduct themselves according to the following standards of behavior. This Code of Conduct is to ensure the safety and well-being of all participants and applies to all participants as well as their parents/guardians.

Guiding Principles:

- To ensure that the rights of all individuals are protected while attending the program
- To establish the safest and best possible learning environment for all participants

Expectations:

- Respect and adhere to program/activity rules and guidelines.
- Act in a courteous manner and treat other participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Follow all instructions and directions given by program Staff.
- Obey Shin Karate policies and local, state, and federal laws.

Behavior not permitted:

- Improper language, e.g., profanity
- Destruction of property
- Possession or consumption of alcohol and illegal drugs, including the use of tobacco
- Possession or use of harmful objects (i.e. firearms, weapons, knives)
- The stealing of personal, program, or other property is prohibited
- Disrespect of adults, other participants, volunteers, staff and/or those in leadership positions
- Bullying, belittling others/putting down and being disrespectful of individuals' differences
- Aggressive physical behavior
- Leaving program space or boundaries without permission
- Unchaperoned activity on campus without proper permission and supervision
- Behavior that is deemed distracting or disruptive to camp operations
- Unacceptable, irresponsible, or inappropriate use of technology
- Other conduct determined to be inappropriate. This list of infractions is not all-inclusive.

Program staff reserve the right to ask any participant to leave the program at any time.

Participants who fail to adhere to this Code of Conduct are subject to a range of disciplinary actions. When appropriate, immediate corrective action will be taken to ensure the safety and welfare of all participants.

Failing to adhere to this Code of Conduct may subject participants to disciplinary action, without refund of camp tuition, up to and including removal from the program/activity and future programs/activities offered at any Shin Karate facility.

I, \_\_\_\_\_, have read and reviewed the Code of Conduct with my child, and understand that by signing I accept the consequences for my child's actions if they choose not to follow the code of conduct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release and Waiver of Liability

I have voluntarily chosen to participate in Shin Karate camp and facilities owned and/or operated by Shin Karate. I acknowledge and accept that the camp may involve certain conditions, hazards and risks, including injury or death or damage to property, and that Shin Karate cannot control these risks. I acknowledge there may be physically strenuous activities and certify that I am fit and physically and mentally capable of participation in all activities provided by the camp. I have disclosed all medical conditions that could impact my own safety, or the safety of others. I understand that I am giving authorization to Shin Karate to administer any required medication listed above to my child. I certify that I am covered by adequate insurance to cover any personal injury which may be sustained while participating in this camp.

In consideration of Shin Karate providing the opportunity for me to participate in this camp, I release Shin Karate, its board of trustees, officers, employees, and representatives from any and all liability to me, my parents and/or legal guardians, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to me, including death, and property damage arising out of, during or in any way connected with this camp. I agree to indemnify and hold harmless, waive and covenant not to sue Shin Karate, its board of trustees, officers, employees, and representatives from any liability for the injury or death of any person(s) or damage to property that may result from my negligent or intentional act or omission while participating in the camp.

I hereby authorize the staff of this camp to act for me according to their best judgment in any emergency requiring medical attention. I authorize and give consent for Shin Karate to administer general first aid for any minor injuries or illnesses experienced by me during camp participation. If I am in need of emergency medical care and Shin Karate is not able to reach my parent or the emergency contact, I authorize Shin Karate to sign all necessary papers and arrange for emergency treatment and hospital care. I understand that Shin Karate is not responsible for any medical expenses associated with any personal injury I may sustain and

Camper Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (if Camper under 18): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Alt. Contact Number: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Alt. Contact Number \_\_\_\_\_