

SPF PAL BOOT CAMP 2011

**REGISTRATION HELD AT KARATE N MOTION 1006 SOUTH
AVE WESTFIELD, NJ 07090 (908) 232-6440**

Camper's Name: _____ Birth Date: _____

Address: _____

Parent's Name: _____

Email _____

Parent's Phone #'s work, home, cell: _____

Parent's work address: _____

IN CASE OF EMERGENCY NOTIFY:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

Name of Family Physician; _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

BOOT CAMP

Please check which camp attending

_____ July 11 – 15 Karate Boot Camp

_____ July 25 – 29 All Girls self Defense/awareness Boot Camp

_____ Aug 1 – 9 Fall Sports Conditioning Boot Camp

_____ Aug 15- 19 Wrestling/MMA – mat work, tips & tricks Boot Camp

HEALTH POLICY:

I have handed in a health history. It is correct so far as I know, and the above-mentioned camper has permission to engage in all prescribed activities except as noted by me. In case of injury, campers own personal insurance policy will cover medical costs. Karate N Motion and SPF Pal does not provide medical insurance.

Please provide Name of Medical Insurance _____ Policy# _____

I hereby give permission to the Physician selected by the Camp Administrator to order x-rays, routine tests and treatment for the health of my child, in the event of an emergency. I hereby give permission to the physician selected to hospitalize, secure treatment for a, and to order injections and or anesthesia and or surgery or my child as named above in the event I cannot be reached.

PHOTO PERMISSION:

I give permission for my child's picture to be taken and used publicly. **YES:** _____ **NO:** _____

WALKING PERMISSION:

I give permission for my child to participate in all walking trips within the neighborhood of Karate N Motion Dojo, including Clark Park in Westfield (behind Roosevelt School) **YES:** _____ **NO:** _____

PARENT(S) SIGNATURE: _____ **DATE:** _____

CAMPER SUPPLIES NEEDED:

Snack daily, unless advised otherwise by staff. 2 Water bottles are needed everyday. Please wear sneakers and comfortable clothing.

PAYMENT:

Make checks payable to Scotch Plains PAL for \$130.00. Full payment is due at time of registration.