



KI-MARTIAL ARTS

Summer Camp

Fun/Educational/Activity
Based/Loving

KI-SUMMER CAMP

Let's get moving checklist !

Students Name: _____ Date of Birth: ___/___/___

Parent or Guardian: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Release Waiver:

Completed Registration Form:

Authorized Pick-Up Form:

Permission/Release Form:

Arrival/Departure Form:

Emergency Contact Form:





KI-MARTIAL ARTS

Summer Camp

Fun/Educational/Activity
Based/Loving

KI-SUMMER CAMP

Release Waiver

In consideration of my child's participation in KI-Summer Camp; I/we do hereby fully release and discharge, and save whole and harmless KI-Martial Arts board members' the officers and employees from any and all liability for damages. The whatsoever, and any and all known and unknown personal injuries, sickness, illness or disorder, which I/We may have now or hereafter have (as parents and/or guardians or our minor child/children has/have or may hereafter have) arising out of or connected with participation in any activities whatsoever of the said KI-Martial Arts Summer Camp.

I/we state that I/we have carefully read the foregoing release and know the contents thereof, and I/we sign the same as my/our free act and deed.

Students Full Name: _____

Parent or Guardian Signature: _____ Date ____/____/____





KI-MARTIAL ARTS

Summer Camp

Fun/Educational/Activity
Based/Loving

KI-SUMMER CAMP

Authorized Pickup Form

1. Name: _____ Relationship to child: _____

Address: _____

Daytime Phone #: _____

2. Name: _____ Relationship to child: _____

Address: _____

Daytime Phone #: _____





KI-MARTIAL ARTS

Summer Camp

Fun/Educational/Activity
Based/Loving

KI-SUMMER CAMP

Trip Permission

I give my permission for the staff of KI-Martial Arts Summer Camp to take my child on any field trips that are prearranged during the week.

Parent or Guardian Signature: _____ Date ____/____/____

Photo Release

I give my permission for my child to have photographs taken for publicity purposes.

May his/her name be used Yes or No

Parent or Guardian Signature: _____ Date ____/____/____





KI-MARTIAL ARTS

Summer Camp

Fun/Educational/Activity
Based/Loving

KI-SUMMER CAMP

Arrival/Departure Form

To ensure the safety of the children parents are to :

- Park in the parking lot and walk their child into the School.
- Bring their child into the classroom and make sure that the teacher is aware that the child has arrived.

I the parent or Guardian of _____, agree to follow the arrival/Departure rules as stated above. I understand that I am also responsible for the following of these rules by any adult that I have chosen to pick up my child.

* all children will not be released to any person who is not at least 18 years of age.

Parent or Guardian Signature: _____ Date ____/____/____





KI-MARTIAL ARTS

Summer Camp

Fun/Educational/Activity
Based/Loving

KI-SUMMER CAMP

EMERGENCY CONTACTS

1. Name: _____ Relationship to child: _____

Phone #: _____

Work Phone #: _____

Cell Phone #: _____

2. Name: _____ Relationship to child: _____

Phone #: _____

Work Phone #: _____

Cell Phone #: _____

3. Name: _____ Relationship to child: _____

Phone #: _____

Work Phone #: _____

Cell Phone #: _____

