

Aim and Focus Karate 2010 Summer Camp

Enrollment Sessions Selection Form

Student Name (please print)

Sessions Attending (please check appropriate sessions):

_____ Session #1 05/31 – 6/4

_____ Session #2 06/7 – 06/11

_____ Session #3 06/14 – 06/18

_____ Session #4 06/21 – 06/25

_____ Session #5 06/28 – 07/2

_____ Session #6 07/5 – 07/9

_____ Session #7 07/12 – 07/16

_____ Session #8 07/19 – 07/23

_____ Session #9 07/26 – 07/30

08/2 – 8/6 **CLOSED !!**

_____ Session #10 08/9 – 08/13

_____ Session #11 08/16 – 08/20

Financial Obligations (Please check box and sign)

I acknowledge and agree to the charges described in the “Registration Fee”, “Tuition and Fees”, “Late Pickup Fee” and “Returned Check” sections of the 2010 Summer Camp Operational Policies Document.

Signature – Parent or Legal Guardian

**Aim and Focus Karate
2010 Summer Camp Enrollment**

Student Information

Name _____
Address _____ City _____ Zip _____
Birthday _____ Age _____ Sex (M / F) _____
E-mail Address _____
Date of Admission _____

School Information (please check the school your child attends) (*)

RRISD: ___ Forest North ___ Sommer ___ Jollyville ___ Pond Springs ___ Live Oak
LISD: ___ Rutledge ___ Reagan

Other: _____
Address (street, city) _____ Phone _____

Parent Information

Primary Parent/Guardian _____ Relationship _____
Home Phone # _____ Work Phone # _____
Place of Work or Business _____
Other contact numbers/pagers _____
E-mail Address _____

Second Parent/Guardian _____ Relationship _____
Home Phone # _____ Work Phone # _____
Place of Work or Business _____
Other contact numbers/pagers _____
E-mail Address _____

Emergency Contact / Pick-Up Information

Persons to call in case of an emergency if parents/guardians cannot be reached:

Name _____ Phone # _____ Relationship _____
Name _____ Phone # _____ Relationship _____

I authorize the following persons (not listed above) to pick-up the student:

Name _____ Relationship _____
Name _____ Relationship _____
Name _____ Relationship _____

Parent E-mail Information

Primary contact information (print clearly) : _____

Secondary/alternate e-mail contact: _____

Receipt of Operational Policies Guide (Please check box and sign)

I acknowledge receipt of "Aim & Focus Karate Summer Camp Operational Policies"

Signature – Parent or Legal Guardian

*: detail school address information provided in Operation Policy document

Aim and Focus Karate

Authorization for Emergency Medical Attention / Immunization Records

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility instructor or person in charge to seek emergency medical attention for my child,

(child's name – please print clearly)

Family Physician:

-or-

Check box if child is currently not under the care of a local doctor and should be treated as necessary at a local Emergency Room.

Name _____

Address _____

Phone # _____

I give my consent for necessary emergency medical treatment.

My child's *immunization record* is on file at the public school they are currently attending and all immunization and tuberculosis test results are current. All necessary *vision and hearing screenings* as required by the Special Senses and Communication Disorders Act are current and on file at the public school my child is attending.

Signature – Parent or Legal Guardian

Date

Medical History

Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries in the past 12 months, any medications prescribed for long term continuous use and any other medical information you feel is appropriate. Please indicate "none" on line #1 if no medication history is appropriate and/or provided.

1. _____
2. _____
3. _____
4. _____

Transportation (check all boxes and sign)

I give permission for my child to be transported to local parks on a daily basis

I give permission for my child to attend and be transported and supervised on all field trips

Signature – Parent or Legal Guardian

Liability Waiver

I give my permission for my child, _____, to attend the Summer Camp
(child's name – please print clearly)

Program offered by the Aim and Focus Karate School. I realize the staff and instructors will do everything in their power to protect my child when in their care. I will not hold them responsible and waive all claims against the Aim and Focus Karate school for any accidents that may occur when my child is in their care.

Signature – Parent or Legal Guardian

Date

Parent or Legal Guardian Name (Please Print)