



5587 Guinea Rd
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2026 Summer Camp Enrollment Form

Student Name _____ D.O.B _____
Address _____ Apt. # _____
Street City St Zip
Parent/Guardian's Name _____
Phone Numbers: Home _____ Cell _____ Work _____
Email _____ Child's T-Shirt Size _____
Emergency Contact: Name _____ Phone # _____
Insurance Name _____ Policy Number _____

Weeks Reserved

◇ SPRING BREAK March 30th—April 3rd	◇ July 20th—24th
◇ June 22nd—26th	◇ July 27th—31st
◇ June 29th—July 2nd ***Closed FRIDAY the 3rd	◇ August 3rd—7th
◇ July 6th—10th	◇ August 10th—14th
◇ July 13th—17th	***NO CAMP THE WEEK BEFORE SCHOOL***

I certify that the student named above is in adequate physical health to participate in our karate program and the field trip activities scheduled.

PARENT SIGNATURE

DATE

This should also serve as permission to have your child transported and to receive any and all emergency health care attention needed. As you are aware; very young children are prone to mishaps. Although we will make every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your permission to transport and have your child treated by a professional care giver/physician, etc. This also serves as specific permission to transport your child to and from all offsite activities. World Karate reserves the right to remove any child from the program. This is for the safety and well-being of all students and staff.

You are financially responsible for all weeks you select. _____ (Initial)

PARENT SIGNATURE

DATE

Office use Only: Registration Fee _____ Fee Per Week _____ Total Weeks _____