



Porco's Karate Academy

113 Church Hill Rd. Sandy Hook, CT 06482
(203) 426-2427 www.newtownkarate.com

Summer Karate Camp - Camper Registration Form

General Camper Information:

Camper's Last Name: _____ First Name: _____

Date of Birth: _____ Age: _____ Grade as of 8/1/2008: _____

Street Address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

Mother's Full Name: _____

Cell #: _____ Work #: _____

Father's Full Name: _____

Cell #: _____ Work #: _____

Alternate Emergency Contact (not a parent): _____

Cell #: _____ Work #: _____



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Health History:

Please list any Physical limitations and/or medical conditions (allergies, hearing, sight, asthma, diabetes, etc.)

Please Complete The Following:

Is your child currently under a physician's care? (circle one) Y N

If yes, please explain: _____

Current Medications Being Taken: _____

(If your child requires medication to be taken in the middle of the camp day, it is YOUR responsibility to come to camp to administer that medicine. At NO time may camp staff give your child ANY medicines.)

Physician's Name and Number: _____

Were you or your child ever advised that he/she should not do martial arts for any reason:

Please list other pertinent information we should know regarding your child's physical or mental health and wellbeing: _____

Signature of Parent or Guardian: _____ **Date:** _____

Please Print Name: _____

Master Porco's Approval of Application: _____