

## Little Warriors Summer Camp Application

### Camper Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_ M / F

Special Requirements (medications, allergies, behavioral challenges, etc.) \_\_\_\_\_

\_\_\_\_\_

### Parent /Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### Camper's Medical Information

Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Doctor \_\_\_\_\_ Phone \_\_\_\_\_

\*Closest Preferred Hospital \_\_\_\_\_

*\*In the event of an emergency, our staff will either call 911 and/or take your child to the nearest emergency center.*

### Pick Up Authorization

For the safety of our campers they will NOT be allowed to leave HWA RANG KWAN Martial Arts Center with any individual other than their parent(s). If you have family members, nanny, or other individuals who will be picking up your child(ren), please list them here. **Authorized individuals must present photo ID when signing children out.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**I hereby authorize the above person(s) to pick up my child(ren) from Tae Kwon Do Martial Arts Kids Summer Camp, 850 East San Carlos Ave., San Carlos, CA 94070**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Liability Release

I, \_\_\_\_\_, DO VOLUNTARILY AGREE TO ACCEPT RESPONSIBILITY AND WILL NOT HOLD THE SCHOOL/CAMP, ITS OWNERS/OPERATORS, INSTRUCTORS OR OTHER STUDENTS RESPONSIBLE FOR INJURIES RECEIVED BY MY SON/DAUGHTER/GUARDIAN WHILE TRAINING AT OR ATTENDING CAMP AT THE HWA RANG KWAN MARTIAL ARTS CENTER/LITTLE WARRIORS SUMMER CAMP. I UNDERSTAND THAT THE MARTIAL ARTS TAUGHT AND PRACTICED AT THE LITTLE WARRIORS SUMMER CAMP ARE ACTIVITIES THAT REQUIRE A GREAT DEAL OF EXERTION, BOTH MENTAL AND PHYSICAL.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_