WKarate APPLICATION FEE \$25 (Non-refundable) Deposit \$50						
(Non-refundable)						
	nded Day12nded Day12	3 4 5 3 4 5	6 7 6 7			
ame		DOI	2		Phone:	
Address:						
`ity:						
ex						
tudent's Social Security#:						
perator's License#:						
n Case Of Emergency Contact Pers					and the	
ome Phone:					1-3	
arent's Name & Address:		8.8		1	4473	
City:	1.11	Sta	ite:	S	Zip	
Nother's Daytime Number:	Dellar.	Father	r's Dayti	me Number_		
Nother's Occupation		Father	's Occuj	oation		
Education:		12		-		
School Attended:		Addr	ess:	1	Grade:	
Ever Suspended [] Yes [] No		Ever	Expelled	l[]Yes[]N	0	
What kind of grades did your child	d make?	1			1	
What does your child like most ab	out school?		<u> </u>	-71		
What did your child like least abou	ut school?			1		
verall, what kind of experience v	was school for your	r child?		1	1	
				1-1-24	1	

Leisure Activities

What hobbies does the child have?

20°	1	E
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Medical Information

Special Dietary/Medical Problems_____

Personal Physician [if relevant] Name:_____

Address: ______Telephone: _____

Date of Last Physical	Date of Last Dental Exam	Date of Last TB Screen

ALL PARTICIPANTS MUST HAVE A CURRENT PHYSICAL EXAMINATION BEFORE THEIR APPLICATION IS ACCEPTED. INCOMPLETE APPLICATIONS WILL BE PLACED ON A WAITING LIST (FIRST COME FIRST SERVED) FOR ENTRY. IF THE LAST PHYSICAL EXAMINATION IS OVER A YEAR OLD A NEW EXAMINATION MUST BE SCHEDULED.

I,	the parent/guardian
of	give the staff of the Martial Arts Against Drugs,
and the Pure Martial Arts Fitness Academy permission to obtain	n medical and/or emergency medical treatment for my child
should it become necessary. This permission is being given this	day ofin the year of

Parent/Guardian Signature

Date

Staff Signature

Date

75% of Camp Tuition due on or before June 23rd

	SUMMER KARATE CAMP	PAYMENT HISTORY	Total = \$	
DATE	DESCRIPTION	AMOUNT	B	ALANCE
	App. Fee & Camp Deposit			