



2010 DAY CAMP APPLICATION FORM

*Due no later than **June 19, 2010** for ALL weeks of camp.*

Check the week(s) your child will attend:

	Fee	Deposit	Balance Due
<input type="checkbox"/> Week 1: June 28-July 2	(\$300/250*)	(\$50)	(due 6/21)
<input type="checkbox"/> Week 2: July 19-23	(\$300/250*)	(\$50)	(due 7/12)
<input type="checkbox"/> Week 3: August 9-13	(\$300/250*)	(\$50)	(due 8/2)
Total:	\$	Due with \$ application	\$

*\$250 rate is for GRTKD students whose membership is current and have not suspended membership for the summer.

Participant's Name: _____

Birthdate: _____ (must be at least 7 yrs. old by start of camp) Circle one: M F

Parent/Guardian's Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Other contact no.: _____

In case parent is not available in an emergency, please provide two other contacts.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

List below anyone besides a parent who is authorized to pick up your child.

Name: _____ Phone: _____ Relation: _____

HEALTH INFORMATION

Doctor's Name: _____

Phone: _____

Address: _____

City: _____

Check all that apply:

Allergies/Disorders	Details
Hay Fever	
Ivy Poisonings	
Insect/Bee Stings	
Penicillin	
Drugs (please list)	
Foods (please list)	
Heart Disease/defect	
Asthma	
Diabetes	

Medication(s) currently taking: _____

Operations and serious injuries with dates: _____

Please list any other information about your child that will ensure him/her the best experience this summer.

PARENT/GUARDIAN'S AUTHORIZATION: All information on this form is correct and complete to the best of my knowledge, and my child has my permission to engage in all prescribed activities (unless otherwise noted on this form) as part of Glen Ridge Taekwon-do's (GRTKD) Day Camp.

Permission is granted to GRTKD to use any photos or video in which my child may appear for the purpose of publicity.

In the event of an emergency, I hereby give permission to the physician selected by GRTKD to secure proper treatment for my child in the event that I cannot be reached.

All possible care will be given to ensure Camp participants a safe and healthy experience. However, Glen Ridge Taekwon-do and its employees are not responsible for any injury, accidental or intentional, that occurs to the participant during GRTKD's Summer Day Camp. In case of injury, participant should submit to their personal insurance policy.

For the health of all Camp participants, please notify GRTKD if your child has been exposed to any communicable diseases.

SIGNATURE _____

Date _____