

STEP 1: PERSONAL INFO

ENROLLMENT FORM

Campers Name _____
 Address _____
 City _____ St _____ Zip _____
 Home Phone _____
 Parent Name _____ work # _____ cell # _____
 Parent Name _____ work # _____ cell # _____
 Emergency Contact (other than parent) _____ Emergency Contact phone # _____

STEP 2: CAMP SELECTION

I will attend the following camp(s):
 ___ Camp #1: HYPER Day Camp: Speed Nunchucks ___ Camp #2: Ninja Camp ___ Camp #3: HYPER Day Camp: Tricking
 ___ Camp #4: Extreme Summer Camp ___ Camp #5: Weekend With The Masters

check one: ___ I am a student of Mid-America Karate / Karate Kids World
 ___ I am a sibling of a camper whose name is _____

STEP 3: PAYMENT

CHECK HERE FOR VIP PASS: _____	Camp #, Name and Date	EARLY BIRD PRICING (PAY BEFORE MAY 15)			REGULAR PRICING (PAY AFTER MAY 15)		
		First Camper	First Sibling	Each Additional Sibling	First Camper	First Sibling	Each Additional Sibling
	CAMP #1: HYPER Day Camp: Speed Nunchuck (May 21)	\$99.00	\$79.00	\$79.00	\$119.00	\$95.00	\$95.00
	CAMP #2: Ninja Camp (June 24-28)	\$299.00	\$239.00	\$239.00	\$399.00	\$319.00	\$319.00
	CAMP #3: HYPER Day Camp: Tricking (July 16)	\$99.00	\$79.00	\$79.00	\$119.00	\$95.00	\$95.00
	CAMP #4: Extreme Summer Camp (July 29-Aug 2)	\$299.00	\$239.00	\$239.00	\$399.00	\$319.00	\$319.00
	CAMP #5: Weekend With The Masters (Nov 11-13)	\$129.00	\$103.00	\$103.00	\$129.00	\$103.00	\$103.00
	TOTAL	\$925.00	\$739.00	\$739.00	\$1,165.00	\$931.00	\$931.00

PICK 3: Include the numbers of the 3 camps chosen: _____

Payment Plan: Include the number of payments chosen: _____

GRAND TOTAL \$ _____

(check one)

___ My Check, made payable to Mid-America Karate, is attached. Check #: _____

___ Please charge my (check one) __ VISA __ MC __ AMEX __ DISC

Card # _____ Exp date _____

Name on Card _____ CVV# _____

Signature _____

Charge the Account on File: INITIAL HERE: _____

PAYMENT PLAN:

30%: \$ _____

pmts: _____

Amt of pmts: _____

\$ _____

Start Date: _____

_____/_____/_____

PLEASE NOTE: MID-AMERICA KARATE RESERVES THE RIGHT TO IMPLEMENT A \$100 CANCELLATION FEE

STEP 4: MEDICAL INFORMATION

MEDICAL INFORMATION/RELEASE

Campers Name _____

Has the camper ever been diagnosed with any **illness** or condition that may prevent him/her from participating in any part of the camp, training sessions, or outings? If yes, please explain: _____

Does the camper have any **physical limitations** that would prevent him/her from participating in any part of the camp, training sessions, or outings? If yes, please explain: _____

Does the camper have any **allergies** that the instructors need to be aware of? (Include medical, dietary and environmental) _____

List all medications that the camper needs to take while at camp. Bring medicine in a container labeled with his/her name.

NAME OF MEDICINE

DOSAGE

TIME TAKEN

Special Instructions: _____

Family Doctor/Pediatrician _____ Dr. Office Phone # _____

Hospital Preference _____ Insurance Company _____

Insurance ID # _____ Insurance Group # _____

Parental Consent (Please put an "X" next to the following that are approved to be administered)

_____ Tylenol _____ Ibuprofen _____ Benadryl _____ Calamine Lotion

I give the medical staff at Mid-America Karate permission to seek medical attention for my child, should the need arise while under their care during camp.

Parent Signature _____ Dated _____

STEP 5: WAIVER

I do hereby release Mid-America Karate, Inc, Karate Kids World, Ozark Mountain Martial Arts Properties, Beyond the Mountain Youth Foundation, Rick Bailey, Cole Bailey and all other instructors or students in any capacity for any liability due to injuries, etc that I/my child may obtain as a result of my/my child's attendance or participation at training camp which could include hiking, swimming, and other outdoor activities associated with camping and/or martial arts training. I clearly understand that participation in this camp could involve bodily contact. I am fully aware of my/my child's personal medical conditions and hereby certify that I am/my child is mentally and physically fit to participate in the classes for which I/he/she have registered and that I have the medical coverage or personal means to cover the expenses related to any injury that I/my child might receive as a result of my/my child's participation in camp. I hereby authorize Mid-America Karate to photograph me/my child and/or record my/my child's voice for the purpose of the possible inclusion of my/my child's image or likeness in advertising and/or promotional materials for Mid-America Karate and no other consideration is due me. I agree to the use of my/my child's voice, image, or likeness in any advertising or public relations materials promoting Mid-America Karate locally, regionally, nationally and/or internationally. I also understand that my image or likeness may be distorted, blurred, altered or otherwise manipulated or materially changed for the purposes of creating said advertising or promotional material. I understand that by signing this agreement and participating in the photography session does not guarantee inclusion in said advertisement or promotional materials. I further understand that this agreement will not have a specified time limit and my/my child's image or likeness may be used at some undetermined future date.

Parent's Signature _____ Date _____