

ISAAC'S MARTIAL ARTS Summer Camper Information/Registration Sheet

SECTION 1: Camper INFORMATION

NAME		DOB		Grade	
		Age		Allergies	Y / N
Address		Name of Sibling being enrolled			
		DOB of Sibling			

SECTION 2: PARENT/GUARDIAN INFORMATION

Parent/Guardian Name			
Relationship to Child			
Contact information:	Home Phone		
	Cell Phone		
	Work Phone		
	Email Address		

SECTION 3: CAMPS STUDENT WILL BE ATTENDING

10 Week Selection	<i>There is a 15.00 deposit due for each week selected per child at time of registration (nonrefundable and nontransferable)</i>		Selection
Camp Dates	Camp Theme / Character Lesson Study	Scheduled Field Trips and Additional Charges	Selection
Week 1 <i>June 13 – June 17</i>	<i>Ninja Weapons / Respect</i>	<i>Putt-Putt Included in Camp Fees</i>	
Week 2 <i>June 20- June 24</i>	<i>Nerf Wars/Skills/ Respect</i>	<i>NC Zoo \$20.00</i>	
Week 3 <i>June 27 –July 1</i>	<i>Ninja Tricks / Responsibility</i>	<i>Park trip and Hiking Included in Camp Fees</i>	
Week 4 <i>July 5 -July 8</i>	<i>Mystery Camp /Responsibility</i>	<i>Putt-Putt Included in Camp Fees</i>	
Week 5 <i>July 11- July 15</i>	<i>Ninja Escapes / Courage</i>	<i>Rockin' Jump \$20.00</i>	
Week 6 <i>July 18-July 22</i>	<i>Sports Camp/ Courage</i>	<i>TBA Included in camp Fees</i>	
Week 7 <i>July 25-July 29</i>	<i>Ninja Kicks Camp / Loyalty</i>	<i>Transportation Museum \$20.00</i>	
Week 8 <i>Aug 1-Aug 5</i>	<i>Noodle Wars / Loyalty</i>	<i>Putt-Putt Included in Camp Fees</i>	
Week 9 <i>Aug 8-Aug 11</i>	<i>Ninja Fight Club / Determination</i>	<i>Celebration Station \$20.00</i>	
Week 10 <i>Aug 15-Aug 18</i>	<i>Back to school / Determination</i>	<i>TBA Included in Camp Fees</i>	

SECTION 5: PERSON'S AUTHORIZED TO PICK UP STUDENT

NAME	Phone #	RELATIONSHIP TO CHILD

SECTION 6: PERSONS NOT AUTHORIZED TO PICK UP STUDENT

NAME	Phone #	RELATIONSHIP TO CHILD

SECTION 7: EMERGENCY CONTACT INFORMATION

NAME	Phone #	RELATIONSHIP TO CHILD

SECTION 8: MEDICAL INFORMATION

Current Health Issues:		Current Medications:	
Social/Special Needs/Other:			
Physician's Name		Phone No.	
Health Insurance Provider		Policy No.	

SECTION 9: OTHER

Please list any other information/concerns for your child:

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SECTION 10: SIGNATURES

PARENT /GUARDIAN PRINT _____	
PARENT/GUARDIAN SIGNATURE _____	DATE _____

