

Camp KARATer Registration Form

(Please complete one per child, per camp)

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|--|-------------|-------------|----------------|
| Participant Name: | | | |
| Date of Birth: | Gender: | Age: | |
| Address: | | | |
| Home Telephone: | | Cell Phone: | |
| Email Address: | | | |
| Parent/Guardian Name: | | | |
| Address: | | | |
| Home Telephone: | | Cell Phone: | Email Address: |
| Does your child have any allergies? If so, please list: | | | |
| Please provide one emergency contact, in the case that you cannot be reached: | | | |
| Name: | Home Phone: | Cell Phone: | |
| Please list people who have permission to pick up your child other than you: | | | |
| My child may attend Camp KARATer program field trips: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Camper Code of Conduct | | | |
| In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct. I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.). I will respect counselors, directors, and other campers by not using foul language, name calling, bullying, or fighting. I will follow all safety rules set forth by the camp staff. | | | |
| Camper Signature: | | Date: | |
| I agree to help my child abide by this code of conduct. | | | |
| Parent/Guardian Signature: | | Date: | |
| How did you hear about this camp? | | | |

Camp Cost: \$50.00

Please mail check payable to: SKIP, Inc, P.O. Box 392, Hope Hull, AL 36043



Pay online at <https://www.paypal.com/paypalme/skipincnat>

For more information contact: 334-833-2817 or email apriceatpts@gmail.com

Registration Deadline: July 26, 2024 | Camp Dates: July 29th – August 2nd

For Official Use: Date Received: _____ Payment Type: Cash: Check/Money Order: No: _____