

# SHAOLIN CULTURE CENTER

## 2016 Summer Kung Fu Camp Registration & Emergency Form 2322 S. El Camino Real #A. San Mateo, CA 94403

Please select one or more session:

( ) 6/20-6/24 ( ) 6/27-7/1 ( ) 7/11-7/15 ( ) 7/18-7/22 ( ) 7/25-7/29 ( ) 8/1-8/5 ( ) 8/8-8/12

**Time:** ( ) **8:00am-3:00pm** OR ( ) **8:00am-5:30pm**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender : M / F

Father's Name \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home phone: \_\_\_\_\_

E-mail \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Any medical conditions/allergies/diet/special needs for your child \_\_\_\_\_

### **You have to bring your own lunch and snacks from home**

Please enclose your payment **\$265/week** (refundable **ONLY** if we do not have more than 6 enrollment, No other reason to ask refund) **registration fee \$25.00, extended care \$100.00/week** (registration fee, **not refundable**).Material fee \$25/week will be extra

**Please make check payable to: Shaolin Culture Center OR**

**Pay by credit card. Card No.** \_\_\_\_\_ **Card Type:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

I hereby grant approval for my child \_\_\_\_\_ to participate in this program, and waive all our rights, claims and actions which we may have against the Shaolin Culture Center. Consent is hereby given to camp staff to seek or give medical aid as required in case of emergency.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use ONLY** Check No:

Class Assigned:

Comment: