

R.S.A.K Champs Week Registration 2018

Games, Exercise, Arts & Crafts, Challenges, Themed Days

JULY 30 – AUGUST 3, 8:00AM-12:30PM \$169

AGES 4-6 STUDENTS, FAMILY AND FRIENDS WELCOME

CONTACT INFORMATION

Child's Name: _____ Age: _____ Sex: _____ D.O.B. MM / DD / YY _____ Rank: _____

Parent(s) or Guardian(s) Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

IN CASE OF EMERGENCY

Emergency Contact: _____ Number: _____

Alternate Contact: _____ Number: _____

Preferred health care facility: _____

Family Doctor: _____ Number: _____

Authorization giving R.S.A.K. authority to have medical treatment performed on stated child in case of an emergency

Legal Guardian's Signature: _____ Date: _____

Medical History/Learning Challenges you feel pertinent: _____

Allergic to (insects, food, materials, etc.): _____

What should be done in case of allergic reaction: _____

Medication needed: _____

Dose: _____ Time: _____ AM PM

Afer completing this form please go to 'file' then 'save as' and save the document to your desktop. From there you may easily find the completed form when uploading or emailing to info@rockysilvasamericankarate.com

*CHECKS MADE OUT TO **R.S.A.K.** OR CASH PREFERRED, CREDIT CARDS ARE ACCEPTED PER REQUEST

*REGISTRATION BEGINS MARCH 1ST , LIMITED SPACE AVAILABLE, FIRST COME FIRST SERVE BASIS

*PARTICIPANTS BRING WATER BOTTLE AND LUNCH ON ALL DAYS UNLESS OTHERWISE SPECIFIED