

R.S.A.K Champs Week Registration 2019

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

JULY 8-12, 8:00AM-12:30PM \$169
AGES 4-6 STUDENTS, NON-STUDENTS

CONTACT INFORMATION

Child's Name: _____ Age: _____ D.O.B. _____ MM / DD / YY Belt (if student): _____

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

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

Home Phone: _____ Mobile: _____ Email: _____

IN CASE OF EMERGENCY

Emergency Contact: _____ Number: _____

Alternate Contact: _____ Number: _____

Legal Guardian's Signature: _____ Date: _____

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

Medical History/Learning Challenges you feel pertinent:

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

What should be done in case of allergic reaction: _____

*CHECKS MADE OUT TO **R.S.A.K.** CASH CREDIT CARD on File

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

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

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. You may also print and return this form to our front desk.