

# R.S.A.K Champs Week Registration 2020

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

JULY 6-10, 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 1<sup>ST</sup>, LIMITED SPACE AVAILABLE, FIRST COME FIRST SERVE BASIS

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