

# Red Dawn March Break Camp Registration Form 2012

March 12<sup>th</sup> – March 16<sup>th</sup> 8:30am – 5:30pm

First Name:		Last Name:	
Date of Birth:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Parent/Guardian Name			
Address:		City:	Postal Code:
Home Phone:		Cellular:	Work No.:
Health Card No.			
Emergency Contact:		Number to be reached:	

Cost for the full camp is \$150 + H.S.T.

**For Selected Days, please check off the days your child will be attending.**

**Selected Days – \$35 + H.S.T**

### Selected Days

Monday Mar.12<sup>th</sup>  Tuesday Mar.13<sup>th</sup>  Wednesday Mar.14<sup>th</sup>  Thursday Mar.15<sup>th</sup>  Friday Mar.16<sup>th</sup>

**Number of Selected Days:** \_\_\_\_\_

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Person (s) Authorized to pick up child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

Please describe any allergies or medical conditions:

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**MEDICAL CONSENT STATEMENT** I have provided Red Dawn with all the necessary medical information and I can be reached at the number(s) listed. I authorize Red Dawn's staff to administer first aid to my child/ward and to secure medical care for my child/ward in an emergency as deemed appropriate by the attending physician(s).

**CONSENT FORM** I agree that as a participant in Red Dawn's March Break Camp, my child/ward \_\_\_\_\_ will participate in activities at Red Dawn. I agree that the choice to participate brings with it the assumptions of those risks and results, which are part of these activities. I agree that Red Dawn Martial Arts, and their trustees, officers, directors, employees, agents and independent contractors shall not be liable for any injury to my child/ward or loss or damage to my child/ward's personal property arising from, or in any way resulting from my child/ward's participation in these activities.

Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_