

SHAOLIN CULTURE CENTER

2010 Summer Adventure Camp Registration & Emergency Form

Please select one or more secession:

() 6/14-6/18 () 6/21-6/25 () 6/28-7/2 () 7/6-7/9 () 7/12-7/16
() 7/19-7/23 () 7/26-7/30

Time: () **9:00am-12:00pm** OR () **9:00am-4:00pm**

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 **\$188** or **\$299** (refundable **ONLY** if we do not have more than 6 enrollment, No other reason to ask refund) **\$30** (registration fee, **not refundable**).

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: