

**BENOIT'S MARTIAL ARTS
SUMMER DAY CAMP
"REGISTRATION & IMPORTANT INFORMATION"**

NAME:	AGE:	CIRCLE WEEK(S) OF CHOICE:
ADDRESS:	D.O.B:	July 18 TH – 22 ND 2011
CITY:	P. CODE:	August 15 TH – 19 TH 2011
HOME PH:	PROV:	MOTHER'S NAME:
CELL PH:	BUS. PH:	FATHER'S NAME:
EMERGENCY CONTACT NAME:		RANK IN KARATE:
EMERGENCY CONTACT NUMBER:		O.H.I.P. # :

IMPORTANT INFORMATION: Please Circle

Is your child currently taking any medication? YES NO
 If yes, please specify: _____

Are there any special instructions we should be aware of? YES NO
 If yes, please specify: _____

Does your child have any allergies? YES NO
 If yes, please specify: _____

SWIMMING EXPERIENCE:

➔ *There will be lifeguards and supervisors present at all times during the swimming sessions.* ←

Has your child ever taken swimming lessons? YES NO
 If yes, what level did your child obtain? _____

Does your child require water aids such as water wings? YES NO

How many years of swimming experience does your child have?

EXTENDED CARE NEEDED: YES NO

If yes, please specify (ie. 8-9am or 4-5pm & which days extended care is needed):

Parent or Guardian Signature: _____ **Date:** _____