



Ithaca Karate Harmony with Nature School

120 East King Road, Ithaca, New York 14850 (607)273-8980
Kathleen Garrity, Director/Teacher www.ithacakarate.com

Camp Application & Medical Release Form

- Session I June 28 - July 2 ___ ; Session II July 26 - 30 ___ ; Session III August 23 - 27 ___
- T-shirt size: ___ Receive free Ithaca Karate Harmony with Nature t-shirt : register by 1st of camp month.
- \$115 Fee or \$35 deposit enclosed: ___ (To avoid \$10 late fee, registration due two weeks before camp begins.)
- Name: _____ • Date of Birth: _____
(Camper must be six by January 2009)
- Parent/Guardian Name: _____
 - Address 1: _____
 - Phone: _____ • Cell Phone: _____
 - Email: _____ • Best way to contact you: _____
- Parent/Guardian Name: _____
 - Address 2 : _____
 - Phone: _____ • Cell Phone: _____
 - Email: _____ • Best way to contact you: _____
- School presently attending: _____
- Physical condition at present: Excellent () Good() Fair() Poor() Very Poor()
- Any serious disease or injury in past? _____
- If your answer to above question is affirmative, did you receive permission from your doctor to enroll in this camp? Yes () No () Not necessary ()
- Do you have athlete's foot? Yes() No () *If yes, you must wear clean training shoes in class.*
- How did you hear about our programs? _____

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I understand that it is my responsibility not to abuse my physical energy and strength but only use them for good and constructive causes. I will act with a respectful attitude towards myself and others - inside this school and everywhere in daily life. I will also respect the rules and protocol set by this school.

I agree that my enrollment and participation are voluntary and I release Ithaca Karate Harmony with Nature School, the instructors, students and staff from any and all liability and hold them harmless for loss or injury that I may sustain as a result of my participation in any class or activity of this school.

I also agree that the instruction fee for this camp is payable in full and non-refundable at the beginning of camp, regardless of the number of camp days I attend.

I have read and understand this agreement:

Applicant's signature: _____ Date: _____

Guardian's signature: _____ Date: _____



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Camp Application & Medical Release Form

Medical Release:

I give Kathleen Garrity and/or Robbie Sanders permission to authorize
medical treatment, in the case of an emergency, for my child(ren):

_____.

parent/guardian signature

date

Family Physician _____
name phone

Emergency Phone Numbers: _____

name phone