

# Be The Next Karate Kid Summer Camp 2010

www.ShakuMartialArts.com

SHAKU Family Martial Arts  
25 High Street, Ladysmith BC  
CALL TO REGISTER 250-924-0777

OPEN TO AGES 6 TO 12 YEARS  
REGISTER EARLY - SPACE LIMITED  
CALL TO REGISTER 250-924-0777

**All Participants Receive A Camp T-Shirt And Complimentary  
Pizza Lunch On Last Day**



5 Days And 5 Challenges - Do You Have What it  
Takes To Be a SHAKU Karate Kid?

Monday - Focus                      Tuesday - Perseverance  
Wednesday - Agility              Thursday - Confidence  
Friday - Power                      Graduation Day!



**Please complete the attached registration form and parental waiver and consent form  
(on back) and return with payment to school location addresses listed above.**

**HALF DAY - \$80/Participant - OR FULL DAY - \$150/Participant - (INCLUDES GST) - Members Discount - 10%**

PICK YOUR WEEK:	PICK YOUR HOURS:			FEES (See Above):
	MORNING	AFTERNOON	ALL DAY	
<input type="radio"/> JULY 19th to 23rd	<input type="radio"/> 9:00 -12:00	<input type="radio"/> 12:00 - 3:00	<input type="radio"/> 9:00 - 3:00	
<input type="radio"/> AUGUST 16th - 20th	<input type="radio"/> 9:00 -12:00	<input type="radio"/> 12:00 - 3:00	<input type="radio"/> 9:00 - 3:00	
<b>TOTAL CAMP FEES:</b> _____	<input type="radio"/> CASH	<input type="radio"/> CHEQUE	<input type="radio"/> CREDIT CARD (IN PERSON PLEASE)	



**SHAKU Family Martial Arts**

**25 High Street**

**Ladysmith BC 250.924.0777**

**- PARTICIPANT REGISTRATION INFORMATION -  
PLEASE FULLY COMPLETE**

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade as of September 2010: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Mother's Work No: \_\_\_\_\_ Mother's Cell No: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Work No: \_\_\_\_\_ Father's Cell NO: \_\_\_\_\_

Emergency Contact (not a parent): \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

BC Care Card Number: \_\_\_\_\_

Please list any physical limitations and / or medical conditions  
(allergies, hearing, sight, asthma, diabetes, etc.): \_\_\_\_\_

1. Currently under physician's care for: \_\_\_\_\_

2. Current medications being taken: \_\_\_\_\_

3. Please list any other pertinent information we should know regarding your child's  
physical / mental health and wellbeing: \_\_\_\_\_

**PARENT GUARDIAN NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parental Waiver and Consent**

1. A signed registration & medical form, and full registration fees are required prior to first day of camp.
2. There are no refunds. Credits may be awarded subject to space.
3. SHAKU reserves the right to expel, without a refund, any child who does not learn and model appropriate behavior and safety expectations.

As the parent or legal guardian, I hereby give my full consent and approval for my child to participate in all sports, training, activities and walking trips with SHAKU Family Martial Arts. I understand that there are certain risks of injury inherent in the practice and play of these activities, as well as traveling and other related activities incidental to my child's participation. I am willing to assume these risks on behalf of my child.

I hereby certify that my child is fully capable of participating in all activities and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict participation in these activities. In addition to giving my consent for my child's participation, I do hereby waive, release and hold harmless SHAKU Family Martial Arts, its officers, instructors, sponsors, supervisors representatives, for any injury that may be suffered by child in the normal course of participation in all activities.