



Sun Chong's Tae Kwon Do Summer Camp
 8020 East Genesee Street
 Fayetteville NY 13066
 www.sunchongstk.com

Phone - (315) 637-6192

Fax - (315) 637-1441

Camper's Name _____ sex: m ___ f ___

Address : # and street _____

City _____ zip _____

Birth date _____ age _____ home phone _____

Father's name _____ work phone _____

Mother's name _____ work phone _____

Emergency name _____ day phone _____

Relationship to camper _____

Child's physician name: _____ phone _____

Health History

List any allergies to foods, medications, or the environment, any recurring illnesses and / or any specific medical illnesses / conditions: _____

IMPORTANT: Please notify Sun Chong's Tae Kwon Do if your child is exposed to any communicable diseases prior to or during camp.

Have any significant events occurred in your family within the last few years? _____

Will your child be bringing any medications to camp? _____

Does your child have any serious fears? If so, please elaborate _____

Does your child have any kind of physical handicap / limitation? _____

Are there any problems which may confront your child while at camp? (i.e.: anxiety, homesickness, moodiness, etc.)? _____

Parent's Authorization: The health history is correct so far as I know, & the person herein described has permission to engage in all prescribed camp activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician &/or hospital selected by Sun Chong's Tae Kwon Do in compliance with Onondaga County Health Regulations to hospitalize, secure proper treatment for, & order injection, anesthesia or surgery for my child as named above. **NO MEDICAL INSURANCE IS CARRIED BY SUN CHONG'S TAE KWON DO FOR CAMP PARTICIPANTS. REGISTRANTS ARE ENCOURAGED TO HAVE THEIR OWN MEDICAL COVERAGE.**

In consideration of your accepting this registration, I, the undersigned, intending to be legally bound hereby for myself, my heirs, executors & administrators, waive & release and & all claims for damages I may have against Sun Chong's Tae Kwon Do, & any and all sponsors, representatives, successors & assigns, for any and all injuries suffered by my child in said program.

Parent / Guardian Signature _____ Date: _____

NOTE: Sun Chong's Tae Kwon Do Summer Camp is licensed, as required by the New York State Department of Health. This program will be inspected twice this summer and inspection reports will be on file at: Onondaga County Department of Health, Division of Environmental Health, P.O. Box 15190, Syracuse, New York 13215-0190

Immunization record received (date) _____ initials _____