

Penn-Mar Martial Arts Academy
410 W. King Street, Littlestown PA 17340
Camp Registration Form

Weeks Available:
June 19th-23rd; June 26th-30th;
July 10th-14th; July 17th-21st; July 24th-28th;
July 31st-Aug 4th; Aug 7th-11th; Aug 14th-18th

All Camps Monday-Friday - Drop off time: 7am-10am; Pick-up time 4pm-6pm

****We will provide snacks and drinks, but please be sure campers bring lunch****

Please fill out this form completely & drop it off in the office or mail with a check or money order in the amount of \$139 per week (\$129 for 2nd child and \$119 for 3rd child per week) ASAP in order to reserve your week(s).

Please call 717.359.9347 or e-mail Tim@PASelfDefense.com with any questions.

Please make checks payable to Penn-Mar Martial Arts Academy

PLEASE PRINT ALL INFORMATION:

If you are registering more than one camper, please use separate registration forms.

Campers

Last Name: _____ First Name: _____ MI: _____

Age: _____ Grade: _____ School: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Alternate Contact Information (In case of emergency and parent cannot be reached.)

1st Alternate Contact Person's Name _____ Cell Phone _____

Phone _____ 2nd Phone number: _____

2nd Alternate Person's Name _____ Cell Phone _____

Phone: _____ 2nd Phone number: _____

T-Shirt Size (Please circle your child's size):

Youth Small (6-8) / Youth Medium (10-12) / Youth Large (14-16)

Adult Small / Adult Medium / Adult Large

All camp payments must be received by May 12th in order to guarantee a t-shirt

Liability Waiver

I understand that my child, (child's name _____) will be participating in the Penn-Mar Martial Arts Academy Camp on the following Week(s): _____.

I am aware that my child will be walking to the Local Park and pool with our staff members. Since this is a voluntary program, I will not hold the school, staff members, or any other team members liable for any accidental injury, which may occur. In case of a medical emergency, I do give consent for my child to be treated at the nearest emergency room.

Please list any allergies or health concerns we should be made aware of for your child, and any required special medications or treatments:

Is there anything else we should know about your child?

Parent/Guardian Signature _____

Date _____

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For Office Use Only:

Payment: Cash _____ Check # _____