

# Camp Chetek KARATE CAMP REGISTRATION

Complete this form thoroughly and carefully. Please print clearly.

August 2-7, 2010

Male Camper  
 Female Camper

## Camper Information:

Camper First Name: \_\_\_\_\_ Camper Last Name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Parents/Guardians Names: \_\_\_\_\_  
Campers Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home e-mail address: \_\_\_\_\_  
Home Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Church coming to camp with (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Please list prior martial arts experience (style, years studied, ending rank, etc.): \_\_\_\_\_  
\_\_\_\_\_  
Current martial arts skill level:  Beginner  Intermediate  Advanced

## Signatures Required:

I authorize minor treatment and administration of necessary medications to this camper. I also authorize emergency medical treatment for this camper and accept the responsibility for medical expenses incurred on behalf of this camper. I understand that a reasonable effort will be made to contact me prior to treatment. This authorization is in effect for the week(s) the camper is at camp.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Daytime Phone

\_\_\_\_\_  
Evening Phone

I have read the information on the summer brochure and agree to comply with dress standards, conduct standards, and assume responsibility for equipment damage fees.

\_\_\_\_\_  
Camper Signature

I have read the information on the summer brochure and agree to support Camp Chetek with dress and conduct standards for my camper while at camp. I also understand that my child's picture may appear on Camp Chetek publications or website.

\_\_\_\_\_  
Parent/Guardian Signature

## Medical and Insurance Information:

*This section must be completed by a parent or guardian for registration to be finalized. Personal or church insurance will be primary and camp insurance will be secondary.*

Prescription Medications: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_ Date of last tetanus \_\_\_\_\_

Does the camper have any conditions that would restrict from participation in normal program activities: \_\_\_\_\_ If yes, please explain on a separate sheet.

Insurance company: \_\_\_\_\_

Group and Policy Numbers: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Contacts Phone Number: \_\_\_\_\_

Contacts relationship to camper: \_\_\_\_\_

## Fee Information

*I am enclosing...*

**\$40** Deposit (Required to hold space, Nonrefundable)

*Plus (if applicable):*

**\$25** Bus Reservation Fee (Refer to bus chart in camp brochure for availability and choose the location of pick up. Exact times and places of pick up and drop off will be sent with confirmation of registration. The bus may be canceled due to lack of interest.) **Location** \_\_\_\_\_

\$ \_\_\_\_\_ Toward Camper Fee

Total Enclosed: \$ \_\_\_\_\_

All camper fees are due on or before arrival at camp.

## Sponsor/Camper Costs

Regular	\$215.00
Early Bird Discount	\$205.00*
Full Payment Discount	\$195.00**

### Discounts

For every 10 campers per summer, one adult sponsor may come free.

\*Registration form and \$40 deposit post marked by **March 1<sup>st</sup>**

\*\*Registration form and \$195 payment postmarked by **March 1<sup>st</sup>**

Please send completed forms and fees to:

**Camp Chetek**  
**PO Box 26**  
**Chetek, Wisconsin 54728**  
Additional registration forms available at  
[www.campchetek.org](http://www.campchetek.org)