



MARTIAL ARTS AGAINST DRUGS SUMMER "ACTIVITIES" CAMP

2011

APPLICATION FEE \$25

(Non-refundable)

Deposit \$50

(Non-refundable)



Date: _____

6 WEEK CAMP	Extended Day	1	2	3	4	5	6	7	8
8 WEEK CAMP	Extended Day	1	2	3	4	5	6	7	8
WEEK CAMP	Extended Day	1	2	3	4	5	6	7	8

Name _____ D.O.B. _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Sex _____ Age: _____ Height: _____ Race: _____

Student's Social Security#: _____ Parent's Social Security#: _____

Operator's License#: _____ State: _____ E-mail: _____

In Case Of Emergency Contact Person: Name: _____

Home Phone: _____ Work Phone: _____

Parent's Name & Address: _____

City: _____ State: _____ Zip _____

Mother's Daytime Number: _____ Father's Daytime Number _____

Mother's Occupation _____ Father's Occupation _____

Education:

School Attended: _____ Address: _____ Grade: _____

Ever Suspended [] Yes [] No

Ever Expelled [] Yes [] No

What kind of grades did your child make? _____

What does your child like most about school? _____

What did your child like least about school? _____

Overall, what kind of experience was school for your child? _____

Are there any behavioral problems that we need to be aware of? _____

Leisure Activities

What hobbies does the child have? _____

