

KARATE SUMMER CAMP OF PROMISE

JUNE 21ST-25TH

9:30 A.M.-11:30 A.M.

**CAROLINE MIDDLE SCHOOL
GYMNASIUM**



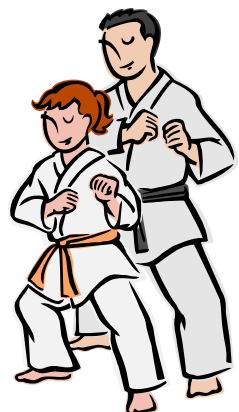
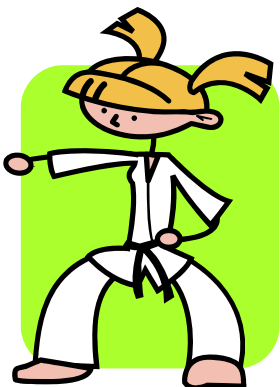
FREE TO ALL CAROLINE YOUTH AGES 5-12.

**YOUTH WILL RECEIVE AN INTRODUCTION TO
KARATE AND KNOWLEDGE OF MARTIAL ARTS ALONG WITH A FUN,
HEALTHY SUMMER
EXPERIENCE!!**

**HEALTHY SNACKS AND DRINKS WILL BE
PROVIDED.**

**COMPLETE THE ATTACHED APPLICATION FORM AND RETURN TO
CAROLINE'S PROMISE AT P.O. BOX 1484, BOWLING GREEN, VA 22427,
FAX TO (804) 633-5648 OR LEAVE FORM AT SOCIAL SERVICES
FRONT DESK. CALL US AT 804-916-9619 OR EMAIL
DIRECTOR@CAROLINESPROMISE.COM WITH ANY QUESTIONS.
CAMP IS OPEN TO EVERYONE BUT SPACE IS LIMITED!! RESERVE
YOUR SPOT TODAY!!**

**KARATE SUMMER CAMP IS OFFERED BY THE CAROLINE KARATE
CLUB AND CAROLINE'S PROMISE.**



Karate Summer Camp of Promise Application

Caroline's Promise and the Caroline Karate Club will be partnering to offer a free 1 week Karate Camp for Caroline youth ages 5-12. The Camp will be held in the Caroline Middle School gym the week of June 21-June 25th from 9:30-11:30 each morning. Drinks and snacks will be provided. All participants must pre register by filling out this form. Return form to Caroline's Promise by mailing to P.O. Box 1484, Bowling Green, Virginia 22427, faxing to (804) 633-5648 or leaving the form at the front desk of Caroline Social Services.

To be completed by Parent/Guardian

Participant's Name: _____ **Birth date:** _____

Age: _____ **Gender: Male** _____ **Female** _____

Address:

Telephone #: _____ **Parent Work #:** _____

Cell/Emergency #: _____ **E-Mail Address:**

List any medical conditions/food allergies that we should be aware of:

Please circle your voting district:

Bowling Green; Madison; Mattaponi; Port Royal; Reedy Church

PLEASE READ AND SIGN THE WAIVER BELOW

In agreeing to participate in the activity, as a participant, parent or guardian of participant, I affirm that the general health of the participant is good and that the participant is not adversely affected by exercise and is capable of performing an activity of this nature.

In consideration of participating in this activity, I do hereby assume all risk of any injury to the participant and will indemnify and hold harmless, from any and all liability, actions, causes of actions, claims and demands of every kind of nature whatsoever that the participant has or which arises of or in connection with his/her participation in this activity, the County of Caroline Virginia, the Caroline County Board of Supervisors, Caroline's Promise, the Caroline County Karate Club and the Caroline County School Board, and all their officers, agents, employees, staff, volunteers, and successors.

I agree to allow transportation of the participants to the nearest physician or hospital for medical treatment and agree to allow for immediate first aid to injured person when deemed necessary.

SIGNATURE OF PARENT/GUARDIAN

DATE

PRINT NAME OF PARENT/GUARDIAN