Camp KARATer Registration Form

(Please complete one per child, per camp)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Participant Name: | | | | | | | |
| Date of Birth: | | Gender: | | | Age: | |  |
| Address: | | | | | | | |
| Home Telephone: | | | | Cell Phone: | | | |
| Email Address: | | | | | | | |
|  | | | | | | | |
| Parent/Guardian Name: | | | | | | | |
| Address: | | | | | | | |
| Home Telephone: | Cell Phone: | | | | | Email Address: | |
|  | | | | | | | |
| Does your child have any allergies? If so, please list: | | | | | | | |
| Please provide one emergency contact, in the case that you cannot be reached:  Name: Home Phone: Cell Phone: | | | | | | | |
| Please list people who have permission to pick up your child other than you: | | | | | | | |
| My child may attend Camp KARATer program field trips: \_\_\_\_ Yes \_\_\_\_ No | | | | | | | |
|  | | | | | | | |
| **Camper Code of Conduct** | | | | | | | |
| In order to maintain a safe and peaceful camp environment we require parents and campers to read and comprehend the importance of abiding by the following code of conduct. I will follow the camp schedule. I will bring only the listed items to camp (no weapons, electronic items, etc.). I will respect counselors, directors, and other campers by not using foul language, name calling, bullying, or fighting. I will follow all safety rules set forth by the camp staff. | | | | | | | |
| Camper Signature: | | | Date: | | | | |
| **I agree to help my child abide by this code of conduct.** | | | | | | | |
| Parent/Guardian Signature: | | | Date: | | | | |
| How did you hear about this camp? | | | | | | | |

**Camp Cost:** **$50.00**

**Please mail check payable to: SKIP, Inc, P.O. Box 392, Hope Hull, AL 36043**

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**Pay online at https://www.paypal.com/paypalme/skipincnat**

***For more information contact:***  *334-833-2817 or email apriceatptsa@gmail.com*

**Registration Deadline: July 16, 2025 | Camp Dates:** July 21st – July 25th

Location: Mt. Olive MBC, 1250 Sprott Drive, Montgomery, AL 36117

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***For Official Use*: Date Received:\_\_\_\_\_\_\_\_\_\_\_ Payment Type: Cash: \_\_\_\_\_ Check/Money Order: \_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**