



CHONG HYO CENTURY
TAE KWON DO
& SWORD ART

CAMPER

NAME: _____ AGE: _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT/GUARDIAN INFORMATION

PARENT'S NAME: _____

GUARDIAN'S NAME: _____

HOME, WORKNUMBER: _____

CELL PHONE NUMBER: _____

*PEOPLE TO CALL IN CASE OF EMERGENCY WHEN
PARENT/GUARDIAN CANNOT BE REACHED:

NAME: _____

RELATIONSHIP: _____

TELEPHONE NUMBER: _____

DAYS YOUR CAMPER WILL BE HERE:

JULY : _____, AUGUST : _____

DO YOU HAVE ANY ALLERGIES? Y/N

DO YOU TAKE ANY MEDICATIONS REGULARLY? Y/N

IF YES, PLEASE TALK TO MASTER PARK.



CHONG HYO CENTURY TAE KWON DO

790 SARATOGA ROAD BURNT HILLS, N.Y. 12027



859-0085

