



AMERICAN TAE KWON DO ACADEMY

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Frank R. Coppola III-President



Welcome to TOT KWON DO SUMMER FUN 2009!

Here are a few things you need to know and do before Summer Fun starts:

1. Please print and fill out the Emergency & Medical Form and bring with you on first day of Summer Fun.
2. Please bring a picture of your Tot on first day.
3. On First Day of Summer Fun, please arrive a little early, so we can register your child.
4. All parents have to park their car and drop off / pick up your Tot.
5. Every Tot should dress in comfortable sweats/shorts and t-shirt.
6. Please put SUNSCREEN on your Tot, we will be going outside on some days.
7. Bring a backpack with an extra set of clothing in a Ziploc bag.
8. If you want your Tot to wear his/her Tae Kwon Do uniform for the Martial Arts part of the day, please pack in Ziploc bag in backpack. We sell uniforms throughout the program for \$25.00 per uniform.
9. Please make sure that all clothing and belongings are labeled with child's name.
10. We strongly suggest not bringing any toys or personal items from home as they get lost, broken or fought over.
11. Every Tot has to bring a snack with a drink in a labeled brown paper bag. Water is available throughout the morning. We will be having some special snacks throughout Summer Fun, so please make sure you let us know about any allergies.

We are looking forward start Summer Fun with a Kick!

For any questions, contact Miranda at ATKDA@earthlink.net or

908-730-7151.

Somerset Hills YMCA
Emergency & Medical Form
Summer Camp 2009

Child's name: _____ Gender (circle one): F M
Date of birth: ____ / ____ / ____ Age (as of 6/1/09): _____ Entering grade (as of 9/09): _____
Address: _____ Phone: (____) _____
Email address (that you check regularly): _____
Physician's name: _____
Physician's phone: (____) _____ Date of last physical exam: ____ / ____ / ____
Insurance company name: _____ Policy Number: _____

Parent/guardian name: _____ Relationship: _____
Place of employment: _____
Employment address: _____
Home phone: (____) _____ Business phone: (____) _____ Cell phone: (____) _____

Parent/guardian name: _____ Relationship: _____
Place of employment: _____
Employment address: _____
Home phone: (____) _____ Business phone: (____) _____ Cell phone: (____) _____

Nearest relative/neighbor: _____ Relationship: _____
Address: _____
Home phone: (____) _____ Business phone: (____) _____ Cell phone: (____) _____

Names of individuals who will be permitted to pick up your child (Please list parents as well):

1. _____	Relationship _____
2. _____	Relationship _____
3. _____	Relationship _____
4. _____	Relationship _____

Child's Name: _____

My child has been examined by a physician within the last school year and has been found able to participate in the Somerset Hills YMCA Day Camp activities including swimming and sports. I understand the importance of accurate medical information and will inform the Day Camp of any additions or changes in this information.

My Child has been immunized in compliance with NJ State Law (NJAC 8:57-4). Please complete the dates for the vaccinations that your child has received (You may also attach the immunization record from your child's physician):

DTaP/Tdap:	___/___/___	___/___/___	___/___/___	Hib	___/___
Polio (IPV/OPV):	___/___	___/___	___/___	HepB:	___/___/___
MMR:	___/___	___/___		Varicella	___/___
Pneumococcal (PCV7):	___/___	Influenza:	___/___	Meningococcal:	___/___

Does your child have any medical problems, either physical or mental, recent injuries or chronic or recurring illnesses, allergies, asthma or chronic ear infections? If yes, please give details: _____

Any medication taken by your child, both prescription and over-the-counter (including Tylenol, epi-pens, inhalers, etc.), must be administered by the Health Director. Parents must sign an authorization form giving permission to the Health Director to dispense these medications. These forms will be made available to you through the Health Director's Office.

Do you anticipate your child needing medication administered during the camp day? (Please circle one) Yes No
If yes, please explain _____

Is there anything additional that the staff should be aware of while working with your child? (i.e. Behavioral issues or recommendations in terms of handling your child): _____

Permission Form: In the event I can not be reached in an emergency, I give my permission to the physician selected by the Somerset Hills YMCA Day Camp Director or Health Director to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child.

Parent/Guardian Signature

I hereby give permission for my child to go on field trips with the Somerset Hills YMCA Day Camp via chartered bus transportation.

Parent/Guardian Signature

I hereby give permission for photographs taken of my child by the Somerset Hills YMCA to be used in YMCA publications.

Parent/Guardian Signature

Release and Waiver of Liability: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Somerset Hills YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the Somerset Hills YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors and assigns.

I have read all the information contained herein and agree to all the policies and procedures of the Somerset Hills YMCA Day Camp.

Signature of Parent or Guardian: _____ Date: _____