

WEEKEND CAMP CHECKLIST

(Below must be received at KIMAC Exeter no later than June 5th)

- Final Payment
- Medical Form filled out with doctor's signature
- Waiver of Rights signed and dated
- Weapon Selection and additional payment if needed

Congratulations!

Your child's application has been approved and a spot has been reserved in their name for the 19th Annual Weekend Kids Karate Camp sponsored by Karate International. Please use the following form to send your Final payment and to choose the weapons seminar that your child would like to attend during the camp. If you have any questions as to which weapon may be appropriate for your child's age and rank, please see their instructor. Also included is the waiver of rights, campers checklist and parents info. Please read ALL information carefully.

Your initial payment has been received and your final payment may be remitted with the following coupon. The final payment is due by June 4th, 2018. (Please disregard if you have paid in full) Please be sure to include your weapons selection so we can ensure enough time to have the weapon available for your child. **PARENTS PLEASE NOTE: YOU NEED TO ALSO INCLUDE THE MEDICAL INFORMATION SHEET AND WAIVER FORM WHEN MAILING THIS FORM. CAMPERS WITH NO INSURANCE AND MEDICAL WAIVER WILL NOT BE ALLOWED TO GET ON THE BUS!**

Send the form below in its entirety (medical and insurance waiver also) to:

Karate International
Attn: Craig Wharem
137 Epping Road
Exeter, NH 03833

SUBMIT ENTIRE FORM BELOW

Please accept my final payment of \$_____ for the Annual Weekend Kids Karate Camp sponsored by Karate International for my child (child's name)_____.

Parent's Signature: _____ Date: _____

Email address: _____

4 Weapons seminars offered (**please check only one**):

No Charge weapons seminars (all come in a pair):

- Foam Nunchuck
- Pine Escrima Stick (one stick)

Charges apply for the following weapons upgrades (all come in pair):

- Deer Antler Knives (add \$50)
- Kung Fu Cane (add \$25)
- Kung Fu Fan (add \$20)
- Bo Staff (add \$20)
-

Please check one box below:

- I have included my additional payment of _____ for the weapon seminar.

 - There is no additional charge for the seminar I have selected.
-

Camper Packing List

Here is a **checklist** of things for your child to bring to the weekend Kids Karate Camp:

- 3 changes of clean clothes
- Sunscreen
- Towel
- Bathing Suit
- 2 pairs of sneakers or 1 pair of sneakers and 1 pair of **STRAP ON** Sandals/ NO FLIP FLOPS
- sleeping bag
- pillow
- flashlight
- bug repellent (lotions are preferred over spray)
- water bottle (very important!)
- karate belt (PLEASE NO UNIFORMS, Tops or Bottoms)
- toothbrush, toothpaste, shampoo, etc
- Rain Jacket
- Medications (If needed)

ALL MEDICATIONS WILL BE TURNED IN TO MR. WHAREM ON THE DAY OF CHECK-IN. PLEASE ONLY PACK ENOUGH MEDICATION FOR THE WEEKEND TRIP!

Optional:

- nutritious snacks (meals are provided. please do not go overboard)

Please no valuables or absolutely NO pocket knives.

Parents please be sure that ALL luggage is able to be carried by your child! Do not over pack! Pillows should be packed in their bag or suitcase. Please be sure sleeping bags are tied or stuff sacked well.

Questions? Call Craig Wharem at (603) 778-8475

Waiver of Rights & Assumption of the Risk

I understand and agree that Karate International Martial Arts Center LLC will not be held liable for injuries, damages, etc. not caused by or resulting from the negligence of the owners, camp promoters, operators, employees, volunteers or persons in charge of such establishment. For good Consideration, the undersigned jointly and severally hereby forever release, discharge, acquit and forgive Karate International Martial Arts Center from any and all claims, actions, suits, demands, agreements, and each of them, if more than one, liabilities, judgment, and proceedings both at law in equity arising from the beginning of time to date of these presents and as more particularly related to or arising from: Any and all camp activities.

This release shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

I also waive my rights to power of authority concerning the treatment and decision making of medical treatment of my child incase of an emergency. I give permission to Karate International Martial Arts Centers LLC, its owners, camp promoters, operators, employees and volunteers to administer basic first aid to my child if need be and the permission to administer Tylenol if needed.

Releaser

Date

Parent Info

Transportation information:

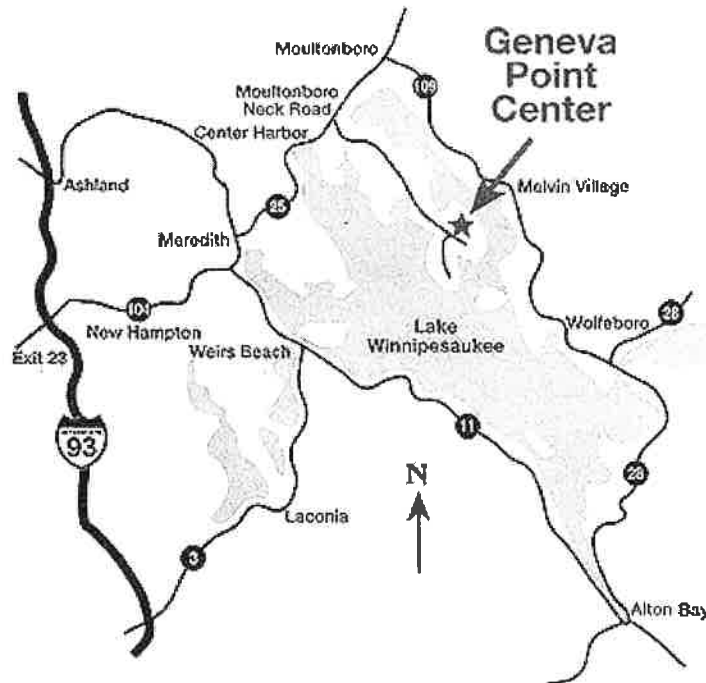
The Bus is scheduled to depart PROMPLY at the Exeter, NH Karate International location AT 3:45pm on Friday, June 15, 2018 and will return to the same location on Sunday, June 18, between 1:30-2pm.

Check In time for Friday June 15th, 2018: 3:00-3:30pm

Pickup time on Sunday, June 17, 2018: 1:30-2pm (Please Be On Time For Pickup! NEED SLEEP)

Directions To Geneva Point Convention Center

From the south, take I-93 North to exit 23 and turn right onto route 104 for 9 miles. At the junction of Route 104 and U.S. Route 3, take a left onto Route 3 for approximately 1 mile. At the traffic lights in Meredith, bear right onto Route 25 (stay on Route 25) for 8 miles. Take a right onto Moultonboro Neck Road at the traffic lights (just beyond the Service Station) and travel for 5.7 miles. Bear left at fork in the road. Turn left onto Geneva Point Road and follow to the Geneva Point Center entrance sign.



Driving address: 108 Geneva Point Rd, Moultonboro, NH

Driving Directions To Karate International

137 Epping Road
Exeter NH 03833

From the North.

Take 95 South to 101 West. Take exit 9 off 101. At the end of the ramp take a left. Go past a Mobile station, about 1/4 mile down the road look for a plaza building on your left, Pull into that parking lot, Karate International is at the far end.

From the Seacoast.

Take 101 West. Take exit 9 off 101. At the end of the ramp take a left. Go past a Mobile station, about 1/4 mile down the road look for a plaza building on your left, Pull into that parking lot, Karate International is at the far end.

From the West.

Take 101 East. Take Exit 9 off 101. At the end of the ramp take a right. Go past a Mobile station, about 1/4 mile down the road look for a plaza building on your left, Pull into that parking lot, Karate International is at the far end.

Recommendations for Licensed Medical Personnel
FORM 2

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

american **CAMP** association®

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (____) _____ (____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Camper Name _____
First _____ Middle _____ Last _____
(For Camp Use) Cabin or Group _____
(For Camp Use) Session Code(s): _____

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel:** Cross out those items the camper should **not** be given.

- | | |
|---|--------------------------------------|
| Acetaminophen (Tylenol) | Calamine lotion |
| Ibuprofen (Advil, Motrin) | Bismuth subsalicylate (Pepto-Bismol) |
| Phenylephrine (Sudafed PE) | Laxatives for constipation (Ex-Lax) |
| Pseudoephedrine (Sudafed) | Hydrocortisone 1% cream |
| Chlorpheniramine maleate | Topical antibiotic cream |
| Guaifenesin | Calamine lotion |
| Dextromethorphan | Aloe |
| Diphenhydramine (Benadryl) | |
| Generic cough drops | |
| Chloraseptic (Sore throat spray) | |
| Lice shampoo or scabies cream (Nix or Elimite) | |

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ft____in Blood Pressure _____/____

Allergies: No Known Allergies

- To foods (list):
- To medications: (list):
- To the environment (insect stings, hay fever, etc.- list):
- Other allergies: (list):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions:(describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency— describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (____) _____ Date: _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (*) immunizations must include date to meet ACA Standard. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

| Immunization | Dose 1 Month/Year | Dose 2 Month/Year | Dose 3 Month/Year | Dose 4 Month/Year | Dose 5 Month/Year | Most Recent Dose Month/Year |
|---|---|----------------------|----------------------|----------------------|----------------------|--------------------------------|
| Diphtheria, tetanus, pertussis (DTaP) or (TdaP) | | | | | | |
| Tetanus booster * (dT) or (TdaP) | | | | | | |
| Mumps, measles, rubella (MMR) | | | | | | |
| Polio (IPV) | | | | | | |
| Haemophilus influenzae type B (HIB) | | | | | | |
| Pneumococcal (PCV) | | | | | | |
| Hepatitis B | | | | | | |
| Hepatitis A | | | | | | |
| Varicella (chicken pox) | <input type="checkbox"/> Had chicken pox Date: _____ | | | | | |
| Meningococcal meningitis (MCV4) | | | | | | |

| | | |
|------------------------|-------------|---|
| Tuberculosis (TB) test | Date: _____ | <input type="checkbox"/> Negative <input type="checkbox"/> Positive |
|------------------------|-------------|---|

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.**

| Name of medication | Date started | Reason for taking it | When it is given | Amount or dose given | How it is given |
|--------------------|--------------|----------------------|---|----------------------|-----------------|
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |
| | | | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____ | | |

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. **Cross out those the camper should not be given.**

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimate) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

| | |
|---|---------------------|
| Name of camper's primary doctor(s): _____ | Phone: (____) _____ |
| Name of dentist(s): _____ | Phone: (____) _____ |
| Name of orthodontist(s): _____ | Phone: (____) _____ |

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

