

Movement Arts Center
2211 East Franklin Avenue
Minneapolis, MN 55404
(612) 333-8635
www.movementartscenter.org

camp date: _____

amount paid: _____

Camp Registration Form

Please circle one: Full Day Half Day Morning Half Day Afternoon

Number of Days: _____

Child's name: _____ age _____

Address: _____ zip code _____

Parents name: _____ phone: _____

Address (if different than above): _____

Email: _____

Emergency contact name: _____ phone: _____

Any karate, yoga or chess experience? _____ If yes, please give information

How did you hear about our camp? _____

Describe any health history or current health problems that could affect your child's participation in the camp

Allergies and/or medication: _____

Release of Liability

I understand and acknowledge that my child is participating in the Youth Summer Camp completely at his/her own risk. The child has my express permission to attend and participate in these activities. Further, I take full responsibility for my own movements and actions while using the Movement Arts Center facility. I release from obligation, legal or otherwise, Nina Chenault, Mike Manzavrakos, the Movement Arts Center and its employees, agents and students, APPA, and Ippon LLC.

Parent or guardian signature _____