



**MEDICAL INFORMATION:**

Doctor's Name \_\_\_\_\_ Dentist Name \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_ Policy # \_\_\_\_\_

**ALLERGIES** List all known. Describe reaction and management of the reaction.

Medication allergies (list)  
\_\_\_\_\_  
\_\_\_\_\_

Food Allergies (list)  
\_\_\_\_\_  
\_\_\_\_\_

Other Allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS BEING TAKEN: WE DO NOT ADMINISTER ANY MEDICATION!**

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Attach additional pages for more medications.

<i>Med #1</i>	<i>Reason for taking</i>	<i>Med #2</i>	<i>Reason for taking</i>
_____	_____	_____	_____

**RESTRICTIONS** (The following restrictions apply to this individual)

\_\_\_\_\_  
\_\_\_\_\_

**EXISTING MEDICAL CONDITIONS**

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the program should be aware.

\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION** (Please give date for last immunization for)

<i>Date</i>	<i>Vaccine</i>	<i>Date</i>	<i>Vaccine</i>
_____	DTP	_____	Measles (hard or red measles or rubeola)
_____	Rubella	_____	TD (tetanus/diphtheria)
_____	Tetanus	_____	Haemophilus influenza B
_____	Polio	_____	Varicella Zoster
_____	Hepatitis B		

Which of the following has the participant had?  
\_\_\_\_\_ Measles \_\_\_ Chicken Pox \_\_\_\_\_ German Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Hepatitis

**Permission to Provide Necessary Treatment or Emergency Care:**

I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of facility.

Kum Sung Summer Camp reserves the right to dismiss a child from camp whose conduct is not in the best interests of the program. Kum Sung Summer Camp is granted the right to use any and all pictures and videos taken of activities in their publication of materials for promotion of Kum Sung activities.

\*Registration Fee is not refundable for any cancelations or refund requests.

Believing my child is qualified for summer camp program, I give permission for my child to take part in all activities. I agree to place him/her in care of the summer camp program, subject to all its rules and regulations. I understand the nature and purpose of the camp activities and I am aware that any strenuous physical activity involves risks. Accordingly, I release, discharge, absolve, and hold harmless the Kum Sung Summer Camp, Kum Sung Martial Arts, K.S. Fitness Center and Sung Star Academy, their agents and employees, and instructors, from any and all liability arising out of any accident, injury, or loss sustained by my child as a result of activities at or present in the facility except for accidents, injuries or losses sustained as a result of gross negligence and willful misconduct of the facility. I agree to waive any and all claims against persons connected with Kum Sung Summer Camp, Kum Sung Martial Arts, K.S. Fitness Center and Sung Star Academy.

**I declare to the best of my knowledge my answers are true, correct and complete.**

**Parent Signature:** X \_\_\_\_\_ **Date:** \_\_\_\_\_

Dear Parents,

Please note the following items you **MUST** provide for your child/children on a daily basis:

- **LUNCH** packed in a cooler with extra drinks and snacks. We do not warm up or prepare any lunch due to time and staff constraints.
- Bathing suits, towel and shoes to walk to the pool area
- Sun Block
- Children should wear sneakers to camp.
- All of the children's belongings must be marked with their name. Kum Sung will not be responsible for anything that is lost or stolen.

On Trip Days, the children must wear their camp shirts. Lunch will be provided on trip days unless noted otherwise.

If you have any questions, please call 732-341-8800.

Thank you,

Master Charhee

Parents,

With an advanced notice, if you are out of camp 1 full week, we will refund your full week. Otherwise, there are no refunds or make-up days.

Please Print

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Parent's Last Name

First Name

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Child's Last Name

First Name

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Date

## KUM SUNG CAMP – PERSONAL PROPERTY POLICY

1. **Cell Phone:** campers are prohibited from bringing cell phones, as well as camera to camp or trips. In the unlikely event of an emergency, our Kum Sung staff is equipped with cell phones. If a camper is found using a cell phone while at camp, the phone will be taken away and held at the office until the end of the day.
2. **DS/Tablets:** The same goes for DS or any other electronic device. They are prohibited if a camper is found with one it will be held in the office till the end of the day.
3. Pokemon, Yu-Gi-Oh!, Digimon, or any of your own sports equipment.

Please understand that our strict policy is in place to maximize the safety and happiness of our Kum Sung Campers. We appreciate your support on this extremely important issue!

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Camper Signature (7 & up) \_\_\_\_\_

# Kum Sung Martial Arts

## Dear Parents:

We are planning to use photos of your child/children for several advertisements to represent Kum Sung Martial Arts and/or Sung Star Academy. This will include TV, Video, Pictures, Website, Brochures, Facebook and/or Instagram. We will need to have a parental consent form signed for your child/children to be in our advertisements.

**PLEASE NOTE:** We must be informed of whether or not you want photos of your child/children to be printed or viewed in our advertisement.

Please make your decision, sign below, and return this form to the main office as soon as possible.

Thank you in advance for your attention to this matter.

\_\_\_\_\_, **YES** I grant permission for my  
child/children \_\_\_\_\_ to be in  
the advertisement.

\_\_\_\_\_, **NO** I do not grant permission for my  
child/children \_\_\_\_\_ to be in  
the advertisement.

**Parent/Guardian Signature**

\_\_\_\_\_ **Date** \_\_\_\_\_