



Summer Camp 2018

Session 1: June 25-29 Session 2: July 16-20 Session 3: July 23-27 Session 4: July 30-Aug. 4

Thank you for your interest in attending our first season of Kart 2 Kart Summer Camp. Kart 2 Kart is an indoor go kart racing facility in Sterling Heights, MI offering year-round programming to help build children's knowledge of motorsports, motorized vehicle operation and maintenance and motorized vehicle safety through instruction and supervised operation of go karts.

Summer Camp is a week-long, or individual day, day camp where children ages 8 - 13 years old, can have fun, exercise and learn the safe operation and maintenance of go karts. Daily activities include: safety instruction both on and off the track; basic maintenance of a motorized vehicle, including checking air pressure, filling tires with air, checking oil and fuel levels; and visual checking of accessible mechanical components; operation of pedal power trikes; daily exercise including calisthenics and runs around the 1/5th mile track; and of course, racing.

Any child who will be age 8-13 at the time of camp may apply. No experience is necessary!

APPLICATION PROCESS

Please read the following carefully. *Summer Camp enrollment is first come, first served.*

To apply please stop in our facilities and complete the required application. If you desire we can email you the application, but all documents must be submitted in person at our facilities. Each Session is limited to a maximum of ten (10) campers.

FEES

Summer Camp costs \$300. Single day sessions are available for \$75.00 per day. Fees cover all costs including daily snacks (2), lunch, go-kart and pedal trike racing and a K2K Summer Camp t shirt. All fees are due in advance and are non-refundable. We do accept cash or credit cards. No checks please.

WHEN TO SHOW UP AND WHAT TO BRING

Camp is Monday-Friday, 8:00 am - 5:00 pm. Early arrivals/Late pickups may be accommodated on a limited basis with prior notice. K2K Summer Camp provides all the necessary equipment your child may need along with two (2) snacks daily and lunch. Campers should wear comfortable clothing and close-toed shoes (NO SANDALS OR FLIP FLOPS), and a water bottle is highly recommended. We recommend that any personal devices such as cell phones or mp3 players be left at home, we have a very full schedule each day and Kart 2 Kart will not be responsible for lost or damaged personal belongings.

Thank you so much for your interest in our Kart 2 Kart Summer Camp -- we look forward to racing through summer with you!!!

Any and all photos, recordings (audio or video) and written materials created for and/or during Summer Camp are the property of Kart 2 Kart and may be used for promotional purposes at the discretion of Kart 2 Kart.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]



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Program Application

1. CHOOSE A SESSION

- Check the session(s) you wish your child to attend

___ Session 1: June 25-29 ___ Session 2: July 16-20 ___ Session 3: July 23-27 ___ Session 4: July 30-Aug. 4

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Child: _____ Date of Birth: _____ Age(at the time of Camp): _____

Name Child prefers to be called (if different): _____

Name of School: _____ Grade: _____

T-Shirt Size (circle one): **Youth:** SM MED LG *or* **Adult:** SM MED

Name of Parent/Guardian/Primary Contact: _____

Drivers License Number _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email address you check frequently: _____

Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Work Phone** **Email**

Name of Parent/Guardian/Secondary Contact: _____

Drivers License Number _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone _____

Email address you check frequently: _____

Best way to contact you? (circle one) **Home Phone** **Cell Phone** **Work Phone** **Email** **Text**

Name and Age of anyone else authorized to pick up your child:

Drivers License Number _____

PLEASE NOTE: CHILDREN WILL ONLY BE RELEASED TO INDIVIDUALS LISTED ON THIS FORM WHO CAN PROPERLY IDENTIFY THEMSELVES.

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

Second Contact's Name: _____ Relationship: _____

Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____



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4. SAFETY INFORMATION (please list all known conditions so we can best accommodate your Camper's needs)

Does your Camper have any allergies that we need to be aware of (food or medicine)?

Does your Camper require a special diet?

Does your Camper have any medical conditions or special needs the staff should know about?

Does your Camper have any behavioral or emotional issues the staff should know about?

Is your Camper taking any medications? **PLEASE NOTE:** If your Camper needs to take medicine while at Camp: All medicines must be given to Camp Staff for holding. Camp Staff **WILL NOT** administer medicine. Camp Staff will remind Camper of times to be taking medication and will make medication available.

5. OTHER INFO

Are there other Campers your Child is hoping to attend the same session with?

6. PLEASE READ AND SIGN

I give full permission for my camper to attend and participate in all phases of the activities. I agree to cooperate with all regulations and understand that my camper will abide by all camp rules, and if he or she does not, they may be sent home with no refund. I understand that the camp cannot be responsible for loss of valuables or any personal items. All camp fees must be paid in full 1 weeks prior to the camp start date. Camp Fees are not refundable.

Signature

Date

7. MEDIA PERMISSION When participating in K2K Summer Camp activities my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for Kart 2 Kart. The images will be the sole property of Kart 2 Kart.

Parent/Guardian Signature: _____ Date: _____

8. REFUNDS

Refunds are NOT issued for early departures from camp, campers who choose not to stay at camp during drop off, campers considered “no shows” (those who do not attend and did not give advance notification of cancellation), or for days missed during a camp session. This refund policy will be strictly enforced for all camp registrants

Emergency Contact Form

PLEASE PRINT ALL DETAILS CLEARLY

Date: _____

Last Name

First Name

Middle Name

Home Address:

City

State

Zip Code

Date of Birth

Cell Phone: _____

Home Phone: _____

Please list the people you would like to be notified in case of emergency, including a local contact.

IN CASE OF EMERGENCY CONTACT:

(1) Name & Relationship _____

Street Address

City

State

Zip Code

Telephone (_____) _____ Daytime Phone # (_____) _____

(2) Name & Relationship _____

Street Address

City

State

Zip Code

Telephone (_____) _____ Daytime Phone # (_____) _____

Is your Child allergic to anything? Yes / No _____

If yes, please list all allergies.

Is your Child taking any medication we should be aware of? Yes / No _____

If yes: Please list all medications we should be aware of:

Does your Child have any medical/mobility/mental health concerns of which we should be aware? Yes / No

If yes, please list medical/mobility/mental health concerns that we should be aware of: _____

INSURANCE INFORMATION:

My child has health insurance: Yes No

Insurance Provider _____ Name of Insured _____

Policy Number _____

MEDICAL CONDITIONS:

- My child does not have any medical conditions.
- My child has a medical condition(s).

Please check below:

- Asthma Chronic Cough/Wheezing Hearing Problems Seizures
- Blood Disorders Diabetes Type I Heart Condition Skin Problems
- Bone/Joint Disorders Diabetes Type II High Blood Pressure Vision Problems
- Cancer/Leukemia Genetic Condition Metabolic Disorder Other

- ALLERGIES:** Bee Sting Food Medications Other

For the above allergy(ies), reaction occurs by: Skin contact By inhalation By ingestion Other

Date of last reaction:

Describe the allergic reaction that occurs:

MEDICATION(S) TAKEN:

My child takes the following medication(s):

Reason for taking the medication(s):

OTHER

The information requested on this card is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information. In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Signature & Date: _____

Printed Name: _____