

# 34<sup>th</sup> Annual Kids TKD Camp - 2018

## CAMP REGISTRATION AND RELEASE FORM

(Please fill out completely and attach your check or receipt to this form. Registration deadline is June 11th)

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Taekwondo School Name & City: \_\_\_\_\_

Instructor: \_\_\_\_\_ T-Shirt Size (Youth or Adult): \_\_\_\_\_

**Please list any food or medical allergies, medication schedules or other medical information:**

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### **RELEASE FORM:**

(Must be read and signed by the parents or guardian prior to commencement of camp)

In consideration of my child's attendance and participation in the 2018 Kids Taekwon-Do Summer Camp located in Harrison, Arkansas on the dates of June 17-23, sponsored by Troy Burleson, Randy Edwards, and Jerry Lindsey. I \_\_\_\_\_, parent or guardian of above named student, give my full permission to participate in this camp. I also acknowledge the existence of certain inherent risks of this type of training, and hereby agree to assume all risks myself. I further relieve Impact Martial Arts, AMA, Troy Burleson, Randy Edwards, and Jerry Lindsey and all other persons acting in behalf of the camp, including the North Arkansas College, from any and all liability resulting from loss of personal belongings or injury sustained by normal camp activities. I hereby state that my child is physically and mentally fit to participate in the activities of this camp, and hereby give my full consent for my child's participation for an agreed upon fee. I give my permission for my child to receive emergency medical care in my absence upon the judgment of the camp directors should care be needed.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_