



World Championship Taekwondo

Spring Break Camp

March 15th-22nd, 2019

Student Name		Parents Name	
Phone		Emergency #	
PLEASE MARK WHICH OPTION YOU CHOOSE: ____ ALL 6 DAYS OF CAMP- 154.00/STUDENT* OR ____ DAILY RATE- 35.00/DAY PER STUDENT* *SIBLING DISCOUNTS AVAILABLE		Charge my card on file please ____ Cash (Must wait for receipt) ____ Check (Must be attached) ____	

☐ March 15th☐ March 19th☐ March 21st☐ I choose all 6 days☐ March 18th☐ March 20th☐ March 22nd

The undersigned understands the risk of studying Martial Arts and hereby releases WCT TKD, all instructors and all other students of WCT TKD from any and all liabilities, for any type of injuries or loss sustained while training, studying, practicing or in the application of Martial Arts Training.

I full disclose that I have never been convicted of a felony or a crime against a child.

The undersigned states that he/she is in good physical condition and knows of no reason why he/she cannot study and participate in Martial Arts. In the event of an emergency, I hereby authorize any licensed medical personnel to perform an accepted medical procedure deemed necessary and agree to bear the expense of any such treatment. I HAVE READ AND FULLY UNDERSTAND THE ABOVE.

Signature _____ Date _____



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