



# Summer Camp Registration

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex(M/F) \_\_\_\_\_

Name(s) of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, ZIP \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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PLEASE CHECK WHICH SESSION(S) YOU ARE REGISTERING FOR:

### **Monday- Friday**

( ) July 10<sup>th</sup>- 21<sup>st</sup>

( ) August 7<sup>th</sup>- 18<sup>th</sup>

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Cost: \$499 (Before March 31<sup>st</sup>)

\$599 (After March 31<sup>st</sup>)

### **THE UNDERSIGNED CLEARLY UNDERSTANDS AND AGREES TO THE FOLLOWING:**

Please read this form carefully and be aware in participating in the martial arts Summer Camp provided by Park's Elite Taekwondo, Inc., that you will be waiving and releasing all claims for injuries you might sustain, arising out of this participation. I recognized and acknowledge that there are certain risks of physical injury and I agree to assume full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities and events connected with or associated with such program. I agree to waive and relinquish all claims that I may have as a result of participation against Y.H. Park, Edward Park, Park's Elite Taekwondo, Inc., their officials, agents, instructors, employees and volunteers. I do hereby fully release and discharge Y.H. Park, Edward Park, Park's Elite Taekwondo, Inc., their officials, agents, instructors, employees and volunteers from any and all claims from injuries, including death, damage or loss which may accrue on account of participation. I further agree to indemnify and hold harmless and defend Y.H. Park, Edward Park, Park's Elite Taekwondo, Inc., their officials, agents, instructors, employees and volunteers from any and all claims resulting from injuries, including death, damages, and losses sustained by me or arising out of, connected with, or any way associated with the activities of the event.

I have read and fully understand the above Warning of Risk and Waiver and Release of All Claims.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_