



Spring Break Taekwondo Skills and Demo Camp

Mon. March 22 to Fri. March 26
8:30am to 12:00 pm



2 Locations:

Monument: 16328 Jackson Creek Parkway

Stetson Hills: 5799 Stetson Hills Blvd.

Led by Master Ho Jun Park, Head Coach of Championship Combined Demonstration team and other leaders and members of the Championship Demonstration Team

Do you aspire to be on the Demo Team? Do you need to improve your poomsae? Do your kids need to be physically challenged after being at home for months?

THIS CAMP IS FOR YOU!

- Improve all of your kicks, blocks, stances, and punches
- Improve poomsae and other curriculum
- Learn advanced board breaking
- Learn and perform a demonstration on the last day of camp
- Demonstrate your skills for a chance to be considered for any of the 4 USTC Demonstration teams

Camp Details:

- Master Park will be at the Monument location and Stetson Hills a few days of the week.
 - Open to USTC students from ALL locations
 - Ages 5 and up (adults encouraged too!). Open to all Taekwondo Students (Basic Course and up)
 - Safety procedures (Daily temperature checks, masks for students age 11 and over)
 - Snack provided
 - This camp is also a fundraiser for the Team as a portion of fees go to the Team.
 - **Registration Deadline: Fri. March 19**
 - Fill out the waiver on the back and turn in to your Dojang or email to monument@familyblackbelt.com or stesonhills@familyblackbelt.com
 - Cost: \$140 per student. Additional family members are only \$100. Online payment available
- Minimum 10 campers to hold camp. Maximum capacity is 40 campers per location to ensure safe distancing*

U.S. TAEKWONDO CENTER CAMP REGISTRATION

[Please Print] All information must be complete. **ONE FORM PER PERSON.**

\$140 per participant
\$100 Each Additional Family Member

First Name	Last Name
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Home Dojang: <u>Monument</u> <u>Briargate</u> <u>Lehman</u> <u>Citadel</u> <u>Stetson Hills</u>	Camp location: <u>Mon</u> <u>SH</u>	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Program (BBC or Higher): <input type="checkbox"/> BC <input type="checkbox"/> BBC <input type="checkbox"/> Leadership <input type="checkbox"/> WooSong		Rank	

Parent/Guardian Name		
Home Phone:	Cell Phone	Work Phone
Email		
Street Address:		
City:	State:	Zip:

HEALTH INSURANCE COMPANY: _____
Policy Number: _____
FOOD ALLERGIES: _____
MEDICATION ALLERGIES: _____

RELATIVE/FRIEND EMERGENCY NOTIFICATION (other than parent)
Name: _____
Relationship: _____ Phone: (H) _____
(C) _____ (W) _____

WHO IS AUTHORIZED TO PICK UP MY CHILD(REN) other than parent?
Name: _____
Relationship: _____
Phone: (H) _____
(C) _____
(W) _____
Name: _____
Relationship: _____
Phone: (H) _____
(C) _____
(W) _____

MEDICAL TREATMENT AUTHORIZATION

I, do hereby appoint and authorize the U.S. Taekwondo Center, and its designated representatives as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by my Attorney-in-Fact for the health and well-being of those listed above, who are attending the U.S. Taekwondo Center. This power shall terminate on **March 26, 2021**. BY ITS NATURE, PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY, WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC, TO EVEN DEATH. Although serious injuries are not common in supervised camp athletic programs, it is impossible to eliminate this risk. Participants can, and have the responsibility to, help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR TEACHERS, AND INSPECT THEIR OWN EQUIPMENT DAILY.

The U.S. Taekwondo Center, does not screen applicants for illness, injury, allergies or other medical conditions that would prevent or limit the participation by the applicant in athletics programs. It is the responsibility of the parents or guardian of each applicant to determine his or her fitness to participate in athletics or outdoor programs by signing this Permission Form, I acknowledge that I have read and understand the above warning. I acknowledge that I do not know of any medical condition that would prevent or limit the participation of this applicant in athletics or outdoor programs. I on my own behalf and on behalf of this applicant, hereby release the U.S. Taekwondo Center its employees, agents, and representatives, from any financial responsibility or liability arising from injury to this applicant in connection with his or her participation in the spring camp sessions, including injury resulting from negligence (other than gross negligence) of employees, agents or other representatives of the U.S. Taekwondo Center.

The balance is due no later than Friday March 19, 2021. I understand that there are **NO REFUNDS**. A credit may be issued in the event of a medical emergency and will be at the discretion of USTC. **** Camp dates are subject to cancellation if the minimum of 10 campers per location is not met.** Additional sibling discount does not apply with any other offers/certificates. I am also aware that for enrollment acceptance and to provide emergency treatment, the additional information and medical treatment authorization on this application must be completed in its entirety. I agree and understand that I must sign an additional COVID19 participant agreement. My signature certifies that I have read and understand the contents of this application.

Parent/Guardian's Signature _____

Date Signed _____

OFFICE USE ONLY

Payment Method: VISA ☐ MC ☐ AMEX ☐ DISC ☐ CASH ☐ CHECK# _____ Employee initials: _____ Date: _____

Total Camp Fees \$ _____ TOTAL

\$