

U.S. TAEKWONDO CENTER SUMMER CAMP**2019 REGISTRATION****HALF DAY – 8:30am-12:30pm - \$115**
50% Off Each Additional Sibling**[Please Print] All information must be complete. ONE FORM PER FAMILY.**

Please choose camp date(s) and location:

MONUMENT Check all that apply: ☐ JUNE 17TH - 21ST ☐ JULY 15TH - 19TH

16328 Jackson Creek Pkwy (Home Depot and Wal-mart Shopping Center)

First Name		Last Name	
<input type="checkbox"/> New Student <input type="checkbox"/> Current Student	Age:	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name		Last Name	
<input type="checkbox"/> New Student <input type="checkbox"/> Current Student	Age:	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male
First Name		Last Name	
<input type="checkbox"/> New Student <input type="checkbox"/> Current Student	Age:	Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male

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

HEALTH INSURANCE COMPANY: _____ Policy Number: _____ FOOD ALLERGIES: _____ MEDICATION ALLERGIES: _____ ADDITIONAL MEDICAL INFORMATION (Asthma, heart murmur, rheumatic fever, etc.) _____
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WHO IS AUTHORIZED TO PICK UP MY CHILD(REN) other than parent?

Name:	_____
Relationship:	_____
Phone:	(H) _____
	(C) _____
	(W) _____
Name:	_____
Relationship:	_____
Phone:	(H) _____
	(C) _____
	(W) _____

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

MEDICAL TREATMENT AUTHORIZATION

I, do hereby appoint and authorize the U.S. Taekwondo Center Monument Inc. 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 Monument Inc. This power shall terminate on **July 31, 2019**. 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 Monument Inc. does not screen applicants for illness, injury, allergies or other medical conditions that would prevent or limit the participation by the applicant in athletics or outdoor 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 Monument Inc., 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 Monument Inc.

The balance is due no later than the Friday before camp begins. 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. My signature certifies that I have read and understand the contents of this application.

Parent/Guardian's Signature

Date Signed

Total Camp Fees \$ _____ + Total Registration Fees \$ _____ -- TOTAL

\$

OFFICE USE ONLYPayment Method: VISA ☐ MC ☐ AMEX ☐ DISC ☐ CASH ☐ CHECK# _____ Employee initials: _____ Date: _____