



SUMMER CAMP REGISTRATION 2017

Last Name..... First Name.....

Age..... Gender: M F (Circle one)

Allergies.....

Medical Condition.....

If so any instruction?
.....

Address..... .City.....:
.....

Parents/Guardian information .

Last Name First Name.....

Relation to the child.....

Tel: Email

EMERGENCY CONTACT:

Name..... Relation.....

Tel: Cell:

PLEASE CIRCLE THE WEEK YOUR CHILD IS ATTENDING

Week 1: Jul 04-08 • Week 2: July 11-15 • Week 3: July 18-22 Week 4: July 25-29

• Week 5: Aug 01-05 . Week 6 : Aug 15-19 Week 7: Aug 22-26 Week 8: Aug 29 - Sep 02

Informed Consent and Acknowledgement

I hereby give my approval for my child’s participation in any and all activities prepared by Little Monk Taekwondo during the selected camp. In exchange for the acceptance of said child’s candidacy by Little Monk Taekwondo, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Little Monk Taekwondo and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of traveling to, participating in, or returning from selected camp sessions.

In case of injury to said child, I hereby waive all claims against Little Monk Taekwondo including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities.

Medical Release and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me.

Permission is also granted to the Little Monk Taekwondo and its affiliates including Directors, Coaches, and Team Parents to provide the needed emergency treatment prior to the child’s admission to the medical facility.

Release authorized on the dates and/or duration of the registered season.

This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence.

Signature of Parent/Guardians.....

Name of Parents/Guardians..... Date.....