

## 2008 S.J. KIM'S TAEKWON-DO SUMMER CAMP

All forms must be filled out completely and all necessary documentation completed in order for your registration to be accepted. All forms must be received by the early registration date (*July 31, 2008*) in order to receive the discounted rate or by the late registration date (*August 15, 2008*) to be enrolled in the summer camp. Registration forms can be mailed to: S.J. Kim's Taekwon-Do, 2182 Broadway, 2<sup>nd</sup> Floor, New York, NY 10024 or faxed to (212) 595-1251.

**PLEASE PROVIDE THE FOLLOWING WITH YOUR REGISTRATION PACKET:**

- ✓ Completed Registration Form
- ✓ Signed Consent for Medical Treatment
- ✓ Signed Taekwon-Do International Code of Conduct
- ✓ Three-day Camp Fee

**PLEASE PRINT ALL INFORMATION:**

NAME OF CAMP PARTICIPANT(S): \_\_\_\_\_

NAME OF PARENT(S)/LEGAL GUARDIAN(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TAEKWON-DO SCHOOL: \_\_\_\_\_ INSTRUCTOR: \_\_\_\_\_

CURRENT RANK: \_\_\_\_\_ TESTING FOR RANK BEFORE AUGUST? \_\_\_\_\_

AGE: \_\_\_\_\_ GENDER: M / F T-SHIRT SIZE (XXS, XS, S,M,L,XL,XXL) \_\_\_\_\_

	Early Registration (July 31, 2008)	Regular Registration (August 15, 2008)
Summer Camp	\$250	\$300
Non-Participating Parent or Child	\$150	\$150

### PAYMENT INFORMATION

*Please make checks payable to S.J. Kim's Taekwon-Do*

Credit Card (circle one): MasterCard    Visa    American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

	Early Registration	Late Registration
<b>Number of Participants</b>	✓ 1 <sup>st</sup> person \$250 ✓ Subsequent family members \$200	✓ 1 <sup>st</sup> person \$300 ✓ Subsequent family members \$240
<b>Camp Fees</b>		
<b>Number of Non-Participants</b>	✓ Each at \$150	✓ Each at \$150
<b>Fee for Non-Participants</b>		
<b>Amount Enclosed</b>		

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## CONSENT FOR MEDICAL TREATMENT AND WAIVER

I, \_\_\_\_\_, consent to medical treatment for injuries/illnesses incurred during the S.J. Kim's Taekwon-Do summer camp. I authorize treatment by a qualified physician in the event of injury or illness.

\_\_\_\_\_  
(Participant's Signature) (Date)

As a parent or legal guardian of \_\_\_\_\_, who is under the age of 18, I hereby authorize medical treatment in the event of an injury or illness while participating in the S.J. Kim's Taekwon-Do summer camp. In the event that I, or any of the contacts listed below, cannot be reached in case of an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. I further agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

\_\_\_\_\_  
(Parent or Legal Guardian's Signature) (Date)

### WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL CONSENT AND INDEMNITY AGREEMENT

In consideration of your acceptance of my registration or that of the minor child, I do hereby, for myself or the minor child, my heirs, executors and administrators waive, release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless any and all rights and claims for damages which I may have or may accrue to me against S.J. Kim's Taekwon-Do, all instructors at the summer camp, or their respective officers, committees, agents, representatives, successors, sponsors, volunteers, owners and lessor of premises on which the summer camp takes place, assignees and against any camp participant for any and all damages which may be sustained by me or the minor child, in connection with my association with or participation in the summer camp, or which may arise out of traveling to, participating in, and returning from this summer camp. I understand that all registration fees are nonrefundable.

I understand the nature of Taekwon-Do activities and believe that my experience and capabilities, or that of the minor child, to be qualified to participate in this summer camp. I understand that Taekwon-Do activities may involve risks and dangers of injury, including permanent disability, paralysis and death. These risks and dangers may be caused by myself or the minor child's own actions, or inactions, and/or the actions or inactions of others participating in the summer camp.

I have read this agreement, fully understand its terms, understand that I or the minor child have given up substantial rights by signing this and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

\_\_\_\_\_  
(Parent's Printed Name) (Parent's Signature for Minors) (Date)

\_\_\_\_\_  
(Participant's Printed Name) (Participant's Signature) (Date)

# 2008 S.J. KIM'S TAEKWON-DO SUMMER CAMP

## MEDICAL HISTORY AND INSURANCE

### GENERAL INFORMATION:

Full Name of Camper \_\_\_\_\_

Emergency Contact 1 \_\_\_\_\_ Emergency Telephone 1 \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Emergency Telephone 2 \_\_\_\_\_

Date of Last Tetanus Immunization \_\_\_\_\_

Any Allergies to Medication, Foods or Other? Y / N

If So, Please List All \_\_\_\_\_

\_\_\_\_\_

Do You Have Asthma? Y / N

Are You Diabetic? Y / N

Do You Have a History of Heart Conditions? Y / N

Have You Ever Had a Seizure? Y / N

Do You Have a Chronic or Recurring Illness? Y / N

Are You on Medication That Must Be Administered During the Day? Y / N

If So, Please List All \_\_\_\_\_

Please Explain Any Question You Answered "Yes" to Above: \_\_\_\_\_

\_\_\_\_\_

Please List Any Other Conditions Physicians Should Be Aware of: \_\_\_\_\_

\_\_\_\_\_

### INSURANCE INFORMATION:

Primary Insurance Company: \_\_\_\_\_ Policyholder's Name: \_\_\_\_\_

Insurance Address: \_\_\_\_\_

Insurance Phone: \_\_\_\_\_ Policy No.: \_\_\_\_\_



## 2008 S.J. KIM'S TAEKWON-DO SUMMER CAMP

### OATH AND GUIDELINES

The following is the S.J. Kim's Taekwon-Do Student Oath. The Oath is for all practitioners and summer camp attendees to fully abide by when participating in any and all summer camp activities. Failure to comply with the Oath and the guidelines can result in being excused from the summer camp and exclusion from future events.

- I shall always observe the rules and lead by example.
- I shall always maintain my training to continue improving my mind and body.
- I shall always exemplify discipline and focus during practice.
- I shall always promote unity and honor amongst members.
- I shall always earn respect through my training and conduct.
- I shall always respect my seniors.
- I shall always remain loyal to my teachers.
- I shall always remain loyal to Taekwon-Do International.

**GENERAL GUIDELINES:** We are guests at Camp Pontiac. To ensure that we will be welcomed back next year, please abide by the following general guidelines and use common sense during the summer camp.

- **Illegal drugs are prohibited at all times during the summer camp. Anyone found with illegal drugs will be asked to leave immediately.**
- **All alcohol (including beer) will be prohibited at all times during the summer camp. Neither S.J. Kim's Taekwon-Do nor Camp Pontiac will carry the insurance required for alcohol to be present. Anyone found with alcohol will be asked to leave immediately.**
- Adults may smoke only in designated smoking areas.
- Participants shall refrain from inappropriate behavior that would deter from a positive image of oneself and S.J. Kim's Taekwon-Do.
- Participants shall not engage in, nor tolerate, any form of verbal, physical or sexual harassment. All incidents of such harassment shall be reported immediately to a black belt instructor.
- Participants, as a courtesy to others, shall keep their bodies and uniforms as clean and neat as possible during the summer camp.
- Participants shall observe the etiquette of Taekwon-Do practice at all times.
- When practicing, students should practice with sincerity.
- Participants shall clean up after themselves whenever possible and shall leave Camp Pontiac as clean as when they arrived.

Participants or their parents/legal guardians acknowledge that they have read the above and fully understand what is expected. Further, participants or their parents/legal guardians will make every effort to be courteous, cooperative and exercise good judgment during the summer camp.

\_\_\_\_\_  
(Participant's Printed Name)

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Printed Name for Minors)

\_\_\_\_\_  
(Parent's Signature for Minors)

\_\_\_\_\_  
(Date)