

BROWN/BLACK BELT SUMMER DAY CAMP REGISTRATION

1) Name _____ Age _____ Belt Rank _____
Address _____ City & Zip _____
E-Mail _____ Phone _____

Session(s) attending: Session: July 7—11, 2014

Active Cuong Nhu students \$300 _____
25% family discount for each additional member _____

Make Checks Payable to: Berkeley Cuong Nhu Karate Total Payment: _____

There is a \$25 cancellation fee two weeks prior to event. No refunds once the event begins.

Send or bring registration and appropriate fee to:

Berkeley Cuong Nhu Karate ~ 1819 San Pablo Avenue, Berkeley CA 94702 ~ (510) 526-4880

RELEASE: CHILD AND TEEN

I, _____, the undersigned, being parent or legal guardian of _____ hereby agree that I shall hereafter and forever fully release John Burns, his agents, his instructors, and all members of Berkeley Cuong Nhu, from any cause of action, claim or liability for damages or expenses including but not limited to any claims for personal injury which may result from my child's participation in karate training, instruction or related activities. I am fully aware and expressly understand that training and instruction in the martial arts requires strenuous exercise and activity and necessitates bodily contact during sparring, sparring forms, and at other times as part of the instruction in karate, and I am fully aware that any and all the aforementioned activities, and others may result in bodily injury to my child. I warrant that my child is in generally good health and physical condition, and that to the best of my knowledge my child does not suffer from high blood pressure, heart ailments, or any other latent physical disabilities.

Signature (Parent or legal guardian) _____ Date _____

MEDICAL INFORMATION AND RELEASE

Medical Information: Does the participant have any medical problems or conditions? Yes ___ No ___

If yes, please describe: _____

Is the participant: Taking any medication? Yes ___ No ___ If yes, please list: _____

Allergic to any medication? Yes ___ No ___ If yes, please list: _____

In an emergency please contact:

Parent _____ Home # _____ Work # _____

Parent _____ Home # _____ Work # _____

If parents cannot be reached, contact: Name _____ Relationship _____ Phone _____

Doctor _____ Ofc# _____ Dentist _____ Ofc# _____

Hospital of Preference _____ Phone _____

Insurance Information _____

Medical Release: I hereby give permission to Berkeley Cuong Nhu Karate to have my child treated in case of an emergency.

Name: _____

Signature: _____ Date: _____