



2015 West Coast Training Camp

CHILDREN & TEEN REGISTRATION

Friday & Saturday, October 2nd & 3rd

Alameda High School Gymnasium, 2200 Central Avenue, Alameda, California

Send Registration to: **Berkeley Cuong Nhu Karate, 1819 San Pablo Ave., Berkeley, CA 94702**

Name: _____ Age: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

Dojo: _____ Rank: _____

Emergency Contact: _____ Relationship: _____ Cell Phone: _____

Days Attending (check all boxes that apply):

\$96 Saturday Only (includes catered lunch)

\$115 Both days (includes Sat. catered lunch)

Friday Dinner (restaurant)

Saturday Potluck

Please check one of the following:

I'll bring a dish

\$10 enclosed for take out delivery

\$20 Registration after September 25th

Total enclosed \$ _____
(\$20 cancellation fee 24 hrs before event)

Please make checks payable to:
Berkeley Cuong Nhu Karate

Saturday's catered lunch (included):

Non vegetarian

Vegetarian

Vegan

Peanut Butter & Jelly

Note other dietary restrictions

Cookie choice:

Chocolate chip

Oatmeal & raisin

Lodging and airport transportation:

Need a place to stay? (Check here if you will be needing lodging, and we will do our best to pair you up with a host family)

RELEASE

I, _____, the undersigned, being parent or legal guardian of _____ hereby agree that I shall hereafter and forever fully release, indemnify and hold harmless John Burns, his agents, his instructors, his employees, all members of Berkeley Cuong Nhu Karate, all participants in this event, and all those helping with this event, from any cause of action, claim or liability for damages or expenses 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): _____ Witness: _____ Date: _____