

KUK SOOL WON™ OF DUNKIRK

**10375 Southern Maryland Blvd. #24
Dunkirk, MD 20754
(410) 286-0068
www.kuksoolwonwdc.com**

SPRING BREAK CAMP APPLICATION

NAME _____
SEX _____ D.O.B. _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____

I, the student and/or the parent on behalf of the student, understand that under the terms of this agreement, the school obligates itself to furnish me with competent instruction and suitable facilities for teaching lessons. Qualified personnel trained in the procedures and traditions of the Martial Art supervise all class lessons. The student hereby represents that he/she is physically fit to receive and participate in the prescribed course of instruction. The student agrees to faithfully comply with all the rules and regulations of the school and the traditions of the Martial Arts.

I further agree that the Director of this school, for publicity or promotion can use any pictures taken of or by me in this program without any compensation to me at this time or at any time in the future.

Injury waiver: Student, the parent, or the legal guardian on behalf of the student, acknowledges and is fully cognizant of all inherent dangers in connection with the execution of Martial Arts and acknowledges that the execution of Martial Arts requires physical exertion and contact, and realizes that there is a risk of physical injury which may be incurred while engaged in this activity. Student, parent, or legal guardian on behalf of the student, hereby waives any and all claims for any physical injury in connection with the training at the school and expressly assumes the risk of all dangers or injury inherent to the Martial Arts.

PERMISSION AND RELEASE TRIP FORM

I/We, _____, the legal parent(s)/guardian(s) of _____, grant permission for him/her to be picked up from _____ at ____:____time, and taken to Kuk Sool Won™ of Dunkirk. My child should be dropped off at _____ at ____:____time in the evening.

I/We hold harmless and release KSW™ of Washington, DC and its representatives from any liability, expense, or right to recovery arising out of any incident, accident, or injury which may occur while she/he is being driven to, or participating in any activity associated with this event. I/We also agree to pay for such treatment if necessary.

- Our child is not currently under physician's care and has no known allergies;
 Our child is on the following medication and/or is being treated for the following medical conditions including allergies:

Health Insurance Carrier: _____

ID #: _____

I/We may be reached at the following address and phone number(s) during the above stated event:

	Father/Guardian	Mother/Guardian
Home Phone Number		
Work Phone Number		
Cell Phone Number		
Fax Number		
Pager Number		
Email		

Other emergency contact name _____

Phone number(s) _____

In order to ensure safety and enjoyment for everyone involved, I/We understand that our child is subject to KSW's policies for student conduct at all times during this event. In the event of a violation or failure to obey the directions of the adult chaperones, we understand that our child will be returned home at my/our expense.

SIGNATURE _____

DATE ____/____/____

Name of any Persons granted your permission to pick up your child.

Dates Of Camp

Please circle the dates of camp you plan on attending.

April 4 – 8, 2011

April 18 – 21, 2011

April 26 – 29, 2011

Other Dates can be added if your child's Spring Break does not fall within these dates.