

Martial Arts Adventure Summer Day Camp 2010

REGISTRATION FORM

HOLD HARMLESS/EMERGENCY RELEASE/PHOTO RELEASE FORM

Child's Name _____ Age _____

Parent or guardian's name _____

Address _____

City _____ State _____ ZIP _____

Home phone _____ Work phone _____

Cell phone _____ Alt. phone _____

Does your child require a car seat? (Circle one) Y N

Child may be released to _____

Camp Session (circle one): June 21-25 July 19-23 Both Sessions

T-Shirt Size (circle one): YS YM YL AS AM AL

I authorize Gold Country Kuk Sool Won (GCKSW) to obtain medical attention for my child if he/she is injured or becomes ill. I have insurance covering my child in case of accident or injury or I am responsible for any fees incurred for emergency care. During most programs, GCKSW staff takes photos and/or video for our web site and other material. I grant GCKSW permission to reproduce and/or distribute photography of my child for GCKSW promotional material.

I, the undersigned, agree to waive and hereby waive any claim against Gold Country Kuk Sool Won and its representatives for injury arising from or received during this Summer Day Camp.

(Signature of parent or guardian) **Date** _____

Mail registration form and payment to: GCKSW 127 Argall Way, Nevada City CA 95959