

# Martial Arts Adventure Summer Day Camp 2025 REGISTRATION FORM

HOLD HARMLESS/EMERGENCY RELEASE/PHOTO RELEASE FORM

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Parent or guardian's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Alt. phone \_\_\_\_\_

Child may be released to \_\_\_\_\_

**Circle one or more sessions:** June 17-19 | July 8-10 | July 22-24 | July 29-31

Camp cost: \$230.00 per session, all inclusive.

To pay by credit card: Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp \_\_\_\_ / \_\_\_\_ CVC # \_\_\_\_\_ Amt. To charge \$ \_\_\_\_\_

Or pay using Venmo using @kuksoolwon | Tony Reyna

The last four digits of the phone number are 5661 if needed for verification.

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. There are no refunds.

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.

\_\_\_\_\_ Date \_\_\_\_\_

(Signature of parent or guardian)

**Mail registration form and payment to: GCKSW 127 Argall Way, Nevada City CA 95959 Or E-mail form to: [Tony@GoldCountryKukSoolWon.com](mailto:Tony@GoldCountryKukSoolWon.com)**