

Kuk Sool Won™ of Capitol Heights

**7905 Central Ave
Capitol Heights, MD 20743
(301) 336-6092**

WWW.KUKSOOLWONMD.COM

SUMMER CAMP APPLICATION

NAME _____

SEX _____ D.O.B. _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

T-Shirt Size Child S M L Adult S M L

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 Kuk Sool Won™(KSW).

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. I the 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 Martial Arts.

PERMISSION AND RELEASE TRIP FORM

I/We, _____, the legal parent(s)/ guardian(s) of _____, grant permission for him/her to be driven from and to Kuk Sool Won™ of Heights by its licensed Staff.

I/We hold harmless and release KSW™ of Capitol Heights 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 these 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 phone number(s) and email address during the above stated event:

	Father/Guardian	Mother/Guardian
Home Phone Number		
Work Phone Number		
Cell Phone 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, supervisors or staff, we understand that our child will be immediately removed from the camp. I understand that any cost associated with this will be at my/our expense.

SIGNATURE _____

DATE ____/____/____

Name of any Persons granted your permission to pick up your child. Please have them present photo ID at the time of pick up. Your child will not be released without ID.

Dates Of Camp

Please circle the dates of camp you plan on attending.

June 5– 9, 12 – 16, 19 – 23,
June 26 – 30, July 1, 5 -7*, 10 –14,
July 17 – 21, 24 – 28, July 31-
August 4, 7 - 11, 14 - 18, 21 - 25

* Closed July 3rd, 4th. Prorated weekly cost \$105.