

## Benefits of Kuk Sool:

**Self-Discipline** - Teaches you to set goals and to stick to them. You will learn to draw upon your own inner drive to succeed.

**Self-Confidence** - Helps you reach new and progressively higher goals in the study of Martial Arts.

**Self-Defense** - Teaches you to think rather than panic in potentially dangerous situations. You will be able to effectively protect both yourself and your family.

**Coordination** - Develops your balance, agility, poise, dexterity, and improves your overall fitness.

**Fun** - Offers something for everyone: Kuk Sool lessons are challenging and dynamic.



At Kuk Sool Won™, we teach traditional Martial Arts values, with an upbeat, enthusiastic, modern approach. Kuk Sool combines kicking, punching, throwing, falling, joint locking, pressure point, and weapons techniques into a beautiful and dynamic hard/soft style which focuses on Discipline and Respect.

**Kuk Sool Won™** is a comprehensive Martial Arts system that is derived from the rich and varied martial arts techniques and traditions that

have arisen in Korea through the ages. The basis of Kuk Sool is the development of “Ki” (internal power). For self-defense, Kuk Sool is unsurpassed. It combines kicking, punching, self-defense takedowns, joint locking and a myriad of weapons techniques into a beautiful and dynamic “hard-soft” style, which focuses on Discipline and Respect.



WKSA

**Dates: 4/6 - 4/10**

### Before /After Care

Before Care 7am - 9am

After Care 3pm – 6pm

Weekly Cost \$20.00

**Camp Time:** 9:00 a.m. – 4:00 p.m.

**Cost** (BBC less \$25/week) **\$175.00**  
Before care / After care included.

**Daily Rate** (BBC less \$5/day) **\$50.00**

# Kuk Sool Won™

## Spring Break Camp



## Kuk Sool Won™ of Capitol Heights

7905 Central Avenue  
Capitol Heights, MD 20743

**(301) 336-6092**

[WWW.KUKSOOLWOMMD.COM](http://WWW.KUKSOOLWOMMD.COM)

# Kuk Sool Won™ of Capitol Heights

**7905 Central Avenue  
Capitol Heights, MD 20743  
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[www.kuksoolwonmd.com](http://www.kuksoolwonmd.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 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 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 removed from the program, 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            6 - 10