

JUNE

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2019 CAMP

AMERICAN KANG DUK WON KARATE CAMP APPLICATION FORM

Name: _____ Date: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Business Phone: _____
 Age: _____ Date of Birth: _____ Sex: _____ Height: _____ Weight: _____
 Belt Rank: _____ Dojang: _____
 Instructor: _____ Date of Last Test: _____
 Date You Joined KDW: _____ Camps Attended: _____ Last Camp: _____

Days you will be at camp: [Please Circle] **Thurs** **Fri.** **Sat.** **Sun.**
 Nights you will be at camp: [Please Circle] **Wed.** **Thurs** **Fri.** **Sat.**

PLEASE CIRCLE THE APPROPRIATE FEE:

Four Days - **\$105.00** Additional Family Members 1/2 Price
Three Days - **\$100.00**
Two Days - **\$90.00**
One Day - **\$75.00**

In consideration of my entry into the Kang Duk Won Karate Camp, I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all claims for damages, including any claims for loss, damages or injury to my person or property arising out of the performance or failure of the performance of the Kang Duk Won Karate Association and its Instructor and Assistant Instructors, as the case may be, the owner of the site of the Karate Camp I may be participating in, or the respective officers, representatives, successors, and/or arising out of my traveling to, participation in and returning from the Kang Duk Won Karate Camp.

I certify that so the best of my knowledge and belief, I am in good physical condition and have no disease or injury that would impair my participation in the activities of the Karate Camp.

I also understand that if I sponsor a guest, I am responsible for such guest at all times and I also understand that I take full responsibility for any violations by such guest.

Signature: _____ Emergency Phone: _____

Signature of Parent or Guardian: _____

Physical Limitations: _____

Send to: American Kang Duk Won Karate • P.O. Box 151 • Watertown, NY 13601