

CHRISTMAS CLINIC

APPLICATION FORM

Saturday & Sunday December 3 & 4, 2016

NAME: _____ DATE: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____ AGE: _____

HOME PHONE: _____ DATE of BIRTH: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____

FEE \$50.00

SECOND FAMILY MEMBER \$35.00

NOTE: If you are a karate student, fill out the following:

Class: _____ Instructor: _____ Belt Color: _____

In consideration of my entry into the Kang Duk Won's Christmas Clinic, 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 performance of the Kang Duk Won Karate and its instructors and assistant instructors, as the case may be, the owner of the site of the Christmas Clinic that I may be participating in, or the respective officers, agents, representatives, successors and/or arising out of my traveling to participate in and returning from the Christmas Clinic.

I certify that to 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 Christmas Clinic.

Signature of Participant _____

Signature of Legal Guardian: _____

Emergency Phone: _____

Return to: American Kang Duk Won Karate
P.O. Box 151
Watertown, N.Y. 13601
Phone: (315) 788-8402