

# CHRISTMAS CLINIC

## APPLICATION FORM

Saturday & Sunday December 1 & 2, 2018

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