

1ST PYONG HWA KUNIN TANG SOO DO

Summer Training Camp Registration

Participants Name: _____ Age _____ Rank _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Guardian's Signature: _____ *Date:* _____

In case of Emergency:

Emergency Contact: _____ Number: _____

Alternate Contact: _____ Number: _____

Allergic to: (insects, food, material, etc.) _____

_____ What should be done: _____

Medication needed: _____

Dose: _____ Time: _____ AM ___ PM ___

Authorization for Medical Treatment

A parent or legal guardian must sign this "Authorization for Medical Treatment" before medical attention can be administered in the event of an emergency

I hereby authorize the physician contacted by the seminar representative to provide medical or surgical care for the above named participant in any Emergency which may occur while he/she is attending the 2015 Pyong Hwa Kunin Tang Soo Do Summer Training Camp.

Adult Participant or Parent/Guardian Signature: _____ Date: _____

1st Pyong Hwa KuninTang Soo Do Summer Training Waiver

I, the undersigned adult, on behalf of myself (and my child(ren)if any such child(ren) are registered as aParticipant) agree to indemnify and to hold Pyong Hwa Kunin Tang Soo Do, its affiliates, instructors, officials, and agents, while acting within the scope of their duties, harmless from all lawsuits, causes of actions, demands, and claims, including cost of their defense, arising in favor of myself, my child(ren)participant (if applicable), or third parties, on account of personal injuries, death or damage to property arising out of activities related to the above Summer Training Camp.

Adult Participant or Parent/Guardian Signature: _____ Date: _____