



YOON'S MARTIAL ARTS 2019 SUMMER DAY CAMP

ENTRY FORM

NAME IN FULL: _____

CHILD 2 _____

CHILD 3 _____

AGE: _____ D.O.B _____ BELT: _____

AGE: _____ D.O.B _____ BELT: _____

AGE: _____ D.O.B _____ BELT: _____

MAIN PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

E-Mail _____

ALLERGIES (IF STUDENT HAS ANY): _____

ANY MEDICAL CONDITIONS STUDENT MAY HAVE:

STATEMENT OF WAIVER:

I hereby release Yoon's Martial Arts School, Grand Master Byung Ock Yoon, its instructors; and all other employees, contractors and affiliated members of responsibility, and agree to waive claims against any person partaking in Yoon's Martial Arts School 2018 summer day camp, for any injuries or damage which may occur participating, competing in, practicing for the event.

I am aware that this agreement is a release of liability and responsibility between myself (students and, or Parents/guardian) and Yoon's Martial Arts School, Master Byung Ock Yoon, its instructors; and all other employees and affiliated members. I the student and/or parent/guardian, voluntarily agree to each of the terms and provisions thereof and sign this agreement on my own free will.

Early bird registration: Prior to June 21st, 2019

July: \$180 ___ Additional siblings \$175.00 each

August: \$180 ___ Additional siblings \$175.00 each

Both Camps: \$350 ___ Additional siblings \$340.00 each

Pre and Post care Camp #1\$30 _____

Pre And Post care Camp #2\$30 _____

Late Registration - After June 21st\$25 _____

PHOTO RELEASE

During summer day camps, digital media may be taken for media or marketing purpose. If you are willing to have your child participate in film or photo opportunities please sign the image release below.

I agree to grant Yoon's Martial Arts School permission to take and publish still photographs and moving videos of my child. These pictures will be used by Yoon's Martial Arts School for the purpose of displays and promotion only.

___ I give permission for my child's photo to be taken.

___ I do not give permission for my child's photo to be taken.

SIGNATURE OF PARENT OR GUARDIAN: _____

WITNESS: _____

DATE: _____ 2019

THIS FORM MUST BE COMPLETED AND RETURNED NO LATER THAN: June 21st.