Jr. KARATE CAMP



AMERICAN KANG DUK WON KARATE CAMP APPLICATION FORM

Name:	Date:			
Street:				
City:			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://	
Nights you will be at camp: [PLEASE CIRCLE] PLEASE CIRCLE THE APPROPRI	Sat. ATE FEE:	·	- \$70.00 (PLEASE CIRCLE ONE)	
In consideration of my entry into the Kang Duk Won administrators, waive, release, and forever discharge any a property arising out of the performance or failure of the perfast the case may be, the owner of the site of the Karate Campout of my traveling to, participation in and returning from the I certify that so the best of my knowledge and belief, I in the activities of the Karate Camp. I also understand that if I sponsor a guest, I am responsible to the support of the control of the support	nd all claims for damages, in formance of the Kang Duk Wo p I may be participating in, or kang Duk Won Karate Camp am in good physical condition	cluding any claims for on Karate Association ar the respective officers, i and have no disease or	loss, damages or injury to my person or and its Instructor and Assistant Instructors, representatives, successors, and/or arising injury that would impair my participation	
Signature:	Emergency Phone:			
Signature of Parent or Guardian:				

Physical Limitations: