

2009 Oregon City Taekwon Do Summer Camp July 23rd – 26th

Name: _____ Age: _____ Gender: _____
Address: _____ City: _____
State: _____ Zip: _____ Day Phone: _____ Night Phone: _____
Instructor: _____ School: _____ Belt Color: _____

Please list any special medical conditions or considerations applicable:

Please list any special dietary needs or considerations applicable:

Emergency Contact Information

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____
Doctor: _____ Phone: _____

WAIVER AND RELEASE

Acknowledging that participation in Taekwon Do carries with it a risk of physical injury, I agree that Oregon City Taekwon Do, its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the 2009 Taekwon Do Summer Camp at any time preceding, during or after camp is in session and I hereby discharge Oregon City Taekwon Do, its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage. I authorize that Oregon City Taekwon Do has the right to use all photographs or videos taken of my child during camp for advertising or promotional material.

Parent/Guardian Signature: _____ Date: _____

Please make checks payable to **OCTKD** in the amount of **\$190** and mail to:

Will Coulter 618 4th St. Oregon City, OR 97045

All applications must be received by **Monday July 20th**

Questions? Call 503-545-9503 or Email willcoulter2001@yahoo.com