



### AN ACTION-PACKED ENCOUNTER WITH MARTIAL ARTS

1-Week Session, 5 Days per Week, Half Day & Full Day Camp, All Skill Levels

#### Registration Form

June 26<sup>th</sup> - June 30<sup>th</sup>, 2017     Half Day     Full Day

#### Camper Information:

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ TTC Student (Y/N)?  Belt Level: \_\_\_\_\_

Known Allergies/Medical Conditions: \_\_\_\_\_

Does the child have any conditions which might limit his/her participation in our program? (Y/N)

If so, please provide details. \_\_\_\_\_

Uniform size: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Daytime Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Telephone: \_\_\_\_\_

I authorize the following people to pick up my child from Tucker Taekwondo Center programs.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Payment Information:

Place an "X" next to the method of payment.

Cash     Check    Check Number \_\_\_\_\_

*Make checks payable to "Tucker Taekwondo Center".*

Credit Card    Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Half Day     Full Day  
\$50.00 Registration Fee

**TOTAL** \_\_\_\_\_  
*The Registration Fee (which includes a T-shirt, TKD pants) will be waived during the Pre-registration Period ending April 30<sup>th</sup>, 2017*

#### Authorization and Consent:

I, \_\_\_\_\_, give my consent to enroll the above-named child in the specified program(s) conducted by Tucker Taekwondo Center and certify that I am legally entitled to do so. My signature also represents my authorization for the "TOTAL" above to be charged to the specified card (if provided), understanding that the registration fee is non-refundable. I understand that I must also submit a Medical Release, a Liability Waiver, a Release for Photograph/Video Use, and an Agreement to Transport to complete registration. All information provided herein is accurate and true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_