



Summer Camp
Flex Tae Kwon Do Center
P.O. Box 38936
Greensboro, NC 27438
336-545-0688

Half Day Camp Γ

Full Day Camp Γ

Week #/Date _____

Weapon: Y / N

Location: 3912 Battleground Ave

Child's Name _____ DOB _____ Age _____ M/F

Address _____ City/State _____ Zip _____

Parent/Guardian Information:

Mother/Guardian _____ (H) _____ (W) _____ (C) _____

Father/Guardian _____ (H) _____ (W) _____ (C) _____

Other Emergency Contact: (Authorized to pick up your child)

Name _____ (H) _____ (W) _____ (C) _____

Request for Permission: I, the above child's parent/guardian, hereby register my child to participate in the Flex summer camp programs.

Assumption of Risk: I acknowledge and understand that there is a risk of injury involved in participation of activities during the summer camps. I understand that my child will be under supervision and direction of the staff at Flex Tae Kwon Do Center. I agree that my child is to follow the instructions of the staff at all times in order to avoid injury. However, I acknowledge that injuries may and do occur. I freely, knowingly, and willingly accept and assume the risk of injury that might occur from my child's participation in the Flex summer camp programs.

Release: In consideration of Flex Tae Kwon Do Center allowing my child to participate in the Flex summer camps, I hereby agree to waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, Flex Tae Kwon Do Center, and their respective volunteers, instructors, members and other staff members from liability to us and our child, as well as our personal representatives, assigns, heirs and next of kin, for any and all claims, suits, or causes of action arising from or out of any injury, know or unknown, to property or body that my child may suffer from participation in Flex Tae Kwon Do Center activities.

Photographs: Photographs may occasionally be taken of the children during Flex activities. By signing this registration form, I consent to the use of pictures of my child for displays, albums and other promotional materials with no compensation to my child or me.

Parent/Guardian Initials: _____

Certification of Child's Fitness & Medical Authorization: I, the undersigned, hereby certify that to the best of my knowledge, my child is physically fit and able to safely participate in activities for which my child has been registered. In addition, I understand that in the case of illness or injury, my emergency contact or myself will be notified immediately. In the event that myself or my contact name cannot be reached, I authorize Flex TKD Center staff to obtain the necessary medical care or treatment for my child, including but not limited to first aid, X-ray examinations, and aesthetic, medical or surgical diagnosis or treatment/hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment. If your child has any allergies, asthmatic conditions or the like which Flex TKD Center should be aware of or if any medication is to be administered during the summer camp programs, please give detailed instructions, times and provide medicine in original container.

Doctor/Medical Practice Name _____ Phone _____

Name of Insurance Company: _____ Policy # _____

IN WITNESS WHEREOF, I have executed this permission, waiver/release and medical certification form with full knowledge of its contents on this date: ____/____/____

Parent/Guardian Signature

Print Parent/Guardian Name
