

Seacoast Martial Arts Centers
KARATE CAMP 2008
Application

Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work (parent) _____

Age _____ Rank (if applicable) _____

Additional contact in case of emergency:

If needed, would you or someone you know be available to assist in transportation to and from field trips? _____

If so, which day(s) and how many passengers?

Any special instructions or concerns for your child?

Please attach payment for:

1 Child at regular price:	\$ 185
_____ Additional family members @ \$160/each	\$ _____
	Total: \$ _____

Payment type: Cash Check Visa / Mastercard (circle)

Exp: _____

In consideration of your acceptance of my child's entry, I do hereby for myself, my heirs, executors, and administrators, waive, release and discharge Seacoast Martial Arts Centers, LLC and/or it's departments, officers, agents, representatives, successors, and assigns against any participant for any and all damages which may be sustained by my child(ren) in connection with or association in the above named activities, or which may arise out of my traveling to, participating in, or returning from said activity. Seacoast Martial Arts Centers, LLC reserves the right to dismiss any child at any time for reasons of misconduct or danger to him/herself or to others. Absolutely no refunds after June 28, 2008.

Signature of parent or guardian _____ **Date** _____