



Junior Summer Camp 2010 Registration Form

207 1st Avenue South, Kent, Washington 98031; 206.356.2974; www.gojukent.com; sensei@gojukent.com

WAIVER FORM

July 19-23, 2010 (Monday-Friday 9:00am-4:00pm)

FORM AND PAYMENT DUE BY JULY 12th

Cost: \$285.00 (15 % BBC Discount applies: Please reduce total to \$242.25)

Student's Name _____

Address _____ City _____ Zip _____

Parents/Guardians _____

Home Phone _____ Work(1) _____ Mobile(1) _____

Work(2) _____ Mobile(2) _____

Emergency Contact Name _____

Number _____

Any known allergies? _____

Is there anything we need to know about your child's physical condition? _____

Medications and times, if necessary _____

Waiver of Liability

I hereby authorize the staff of the Goju Karate Center to act for me according to their best judgment in any medical emergency and, further, hereby waive and release GKC from any and all liability for any injuries or illness incurred while at Junior Summer Camp. I understand that I am financially responsible for any medical costs that might occur while at the camp. I have no knowledge of any physical impairment that would be affected by my child's participation in the Goju Karate Center Summer Camp.

I also authorize the staff of Goju Karate Center to apply sunscreen, insect repellent, band aids or other minor first aid applications to my child. Please list any allergies above. If you need to add exceptions (i.e., do not administer a certain type of topical cream) please note here:

I also understand that Goju Karate Center reserves the right to use photographs taken at the center for publicity and advertising purposes.

Parent/Guardian Signature:

_____ Date: _____