

# Camp Application

## Ages 17 & Below

DATE: \_\_/\_\_/\_\_

Student's Name \_\_\_\_\_ Sex: ☐ Male ☐ Female

Address \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Swimmer: ☐ Yes ☐ No T-Shirt Size \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Business Phone: \_\_\_\_\_ Mother's Business Phone: \_\_\_\_\_

EMERGENCY PHONE (Neighbor, relative, etc.) \_\_\_\_\_  
Name Relationship Phone

Date of last Tetanus injection \_\_\_\_\_

Student's Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Your Health Insurance Co \_\_\_\_\_ Member # \_\_\_\_\_

TKD Instructor Name \_\_\_\_\_ TKD School \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

All pupils attending camp should have a physical examination.

**AUTHORIZATION FOR MEDICAL TREATMENT MUST BE SIGNED BY PARENT BEFORE  
MEDICAL ATTENTION CAN BE ADMINISTERED IN THE EVENT OF AN EMERGENCY**

Please attach a note if any health factor such as recent surgery, illness, allergies (i.e., penicillin, milk, bee stings), epilepsy, prescribed medication, sleep walking, etc. should be known for emergency medical treatment or in designing activities in which the student will participate at an elevation of 7,000 feet. If your child will require medication (prescription or over the counter) to be administered while at camp, a separate medication form will need to be completed and signed by the parent and the child's physician.

I certify that to the best of my knowledge and belief, my son/daughter is in good physical condition and hereby release the Capital Mountain Camp and United World Taekwondo Association of any liability. I hereby authorize the physician contacted by the Capital Mountain Camp to provide medical or surgical care, including transportation, for my son/daughter in an emergency which may occur while attending Capital Mountain Camp. I am aware that accident and health protection are my responsibility. I will instruct my child to take responsibility for going to the health hut at scheduled times for special medication and first aid purposes.

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If you do not choose to sign the above statement, other action desired must be specified on an attached, signed and dated note, before the student can be accepted at camp.

# Camp Application

## Ages 18 & Above

DATE: \_\_/\_\_/\_\_

Student's Name \_\_\_\_\_ Sex: ☐ Male ☐ Female

Address \_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_ Age \_\_\_\_\_

City \_\_\_\_\_ State & Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Swimmer: ☐ Yes ☐ No T-Shirt Size \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Business Phone: \_\_\_\_\_

EMERGENCY PHONE (Neighbor, relative, etc.) \_\_\_\_\_

	Name	Relationship	Phone
Date of last Tetanus injection	_____	_____	_____

Student's Physician \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Your Health Insurance Co \_\_\_\_\_ Member # \_\_\_\_\_

TKD Instructor Name \_\_\_\_\_ TKD School Name \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

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All students attending camp should have a physical examination.

In exchange for the privilege of participating in this event and in consideration of the event sponsor accepting this application. I and my family agree to waive any legal claim against Capital Mountain Camp, the United World Taekwondo Association and camp staff if I am injured while participating in this event, or while traveling to or from the event site by public, private or other means of conveyance. By signing this release I represent that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during any participation in this event.

Further, I acknowledge that I am familiar with Taekwondo and understand the rules governing participation in training and the importance of following the rules. I agree that prior to participation, I will inspect the surrounding area, facilities and the camp program, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach or supervisor of such condition (s) and refuse to participate.

I acknowledge and fully understand that I will be engaging in a contact activity that might result in serious injury, further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. Knowing the risks involved in participation in this camp, I voluntarily assume the risk and accept personal responsibility for the damages following such injury.

**Camper Signature** \_\_\_\_\_ **Date** \_\_\_\_\_