

Year of the Monkey

SUMMER KID'S CAMP REGISTRATION FORM

NAME _____

ADDRESS _____

BELT LEVEL _____

PHONE _____

Event Choices (check all that apply):

SESSION 1 KID'S CAMP - JUNE 21-25
NORMAL 10 AM-3 PM - \$100 OR _____
EXTENDED 9 AM-4:30 PM - \$150 _____

SESSION 2 KID'S CAMP - JULY 26-30
NORMAL 10 AM-3 PM - \$100 OR _____
EXTENDED 9 AM-4:30 PM - \$150 _____

KID'S CAMP DVD - \$19.95 _____
COMPILATION OF CAMP EVENTS _____

Payment Information (If paying by credit card, enclose check if not):

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ ZIP CODE _____

In consideration of the permission granted to the attendee to participate in or to observe Shaolin Do., Inc. events and/or classes, I, the attendee or guardian (if attendee is under 18) listed below, hereby release Shaolin Do., Inc. and its' assigns from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against Shaolin Do., Inc. and its assigns, for all personal injuries, both small (surface cuts/muscle pulls) and large (permanent joint/bone damage/death), known or unknown which may occur during or after my presence at any Shaolin Do., Inc. event and/or class. Additionally, I waive all rights and/or interest to any filmed or photographed material that are a result of participation in Shaolin Do., Inc events and/or classes. I, the below listed understand and execute the above stated agreement voluntarily and with full knowledge of its' significance.

***By signing you acknowledge that you have both read and understood the above waiver of any and all personal injury that may be received at any or all Shaolin Do., Inc. events.**

NAME (GUARDIAN OR ATTENDEE) _____

SIGNATURE (GUARDIAN OR ATTENDEE) _____

DATE _____

www.austinkungfu.com (512)837-9307 Shaolin@austin.rr.com