



SUMMIT TAEKWONDO SUMMER CAMP

LAST NAME _____ FIRST NAME _____

FOR MINORS: FIRST AND LAST NAME OF PARENT _____

DATE OF BIRTH _____

ADDRESS _____

EMAIL _____

EMERGENCY CONTACT _____

FATHER CELL PHONE # _____ MOTHER CELL PHONE # _____

Practices TKD never practiced TKD

(If yes)

DEGREE _____

CLUB NAME _____

COMMENTS (allergies, intolerances, medications , etc) _____

I declare to be in possession of private insurance coverage for accidents and RC.

I authorize the use any images and photos taken during the activity of Summit Taekwondo Summer Camp for promotional purposes (internet sites etc.) The images will NOT be sold to third parties or used for other purposes.

SI NO

FIRMA _____ DATA _____