



Taekwon Do Camp Registration Form

**Please complete one form for each camper

Application and deposit must be received by June 19, 2017 to qualify for preregistration. Balance due by July 3, 2017

Name

Address

City State Zip Code

Country

Male Female Date of Birth TKD Rank

Home Phone: Mobile Phone: Email

Name of any other family members who will also be participating in TKD camp

Number of family members who are NOT TKD students who will be coming to camp Names:

TKD School location & Instructor:

Choose One Session	Pre-Register	After 6/19	Optional Choices	
<input type="checkbox"/> Extended Week (Thursday-Sunday)	\$325	\$375	<input type="checkbox"/> Airport transportation	\$50
<input type="checkbox"/> Weekend (friday after 5pm-Sunday)	\$175	\$225	<input type="checkbox"/> Additional T-Shirts	\$15 each size/qty <input type="text"/>
			<input type="checkbox"/> Non-Participant	\$35 (per day/days) <input type="text"/>

T-shirt Size: (one included) Adult Youth S M L XL XXL

20% discount for 2nd family member for extended camp, 30% 3rd family member.
 Camp fees are fully refundable prior to 6/19/17, 50% refundable prior to 7/3/17 and non-refundable thereafter

Are you requesting a promotional test at the end of camp?: Yes No If so what Rank?

Instructors Signature:

If you are planning to test, you must get your instructor's prior approval, as indicated by your instructor's signature above. No student will be allowed to test without the necessary signature:

If you are age 14 to 18, are you interested in being a camp counselor for younger campers? Yes No

Do you have a tent? Yes No Who is/are your tent mates?

For Extended campers only, when do you plan to arrive at camp? Wednesday after 5pm Thursday before 8 am

Emergency contact information:
 Name: Relationship to camper?

Home Phone: Mobile Phone:

Address if other than camper:

Applications can be submitted electronically to: admin@unified-itf.com or mailed and checks made payable to:

Unified ITF
c/o Jade Hwang
50 Bulkeley Hill Road
Colchester, CT 06415

Payment method: Paypal Check/Money order

UITF Camp Health Form

(To be completed by parent or guardian if minor)

The information on this form is gathered to assist us with providing appropriate care in case of emergency. All of the information is kept confidential and is assessible only to those personal at camp that need to see for safety purposes Please type or print CLEARLY

Name Date of Birth Age at camp

Address City State

Zip Code Country

Custodial parent/Guardian

Second Custodial parent/Guardian or Emergency Contact

Home Number Mobile Number Relationship

If not available in an emergency please call:

Name Relationship

Home Phone Mobile Phone

Insurance information

Is the participant covered by family medical hospital insurance? Yes No

If no do you agree to cover any medical costs necessary in case of injury, illness or accident? Yes No

Insurance Carrier or plan name Insurance Phone Number

Name of Insured Relationship

Insurance ID # Group #

Additional Information or Notes

Activity Restrictions

Please explain any and all restrictions or limitations to activity. For Example, please indicate if the participant requires the use of a knee brace or is restricted from running, etc.

Dietary Restrictions

Every effort will be made to accomodate dietary restrictions, however, students with allergies and restrictions should consult with the chef before every meal as certain ingredients may be used in the preparation of food.

Please describe any dietary restrictions or concerns

Allergies

Does the participant have any allergies including food, medication bee stings etc? Yes No

Describe any allergies

Describe the reaction and management of reaction:

Medications

Please list all medications (including non-prescription or over the counter drugs) that are taken routinely. Bring enough medication to last the entire time at camp.

This person takes NO medication on a routine basis

This person takes the following medications and doses

Medication 1 Dosage Times of day taken

Reason for taking

Prescribing doctor Phone number of doctor

Attach additional pages if necessary

List any know medications that cannot be administered while using the above

Allergies to medication Yes No Please List

Has/does the camper

1. Had any recent injury, illness, surgery or infectious disease? Yes No
2. Have a chronic or recurring illness condition? Yes No
3. Ever had any head injury or concussion? Yes No
4. Suffer from migraines? Yes No
5. Ever been knocked unconscious? Yes No
6. Wear glasses or contacts? Yes No
7. Ever passed out during exercise? Yes No
8. Ever been dizzy during or after exercise? Yes No
9. Ever had seizures? Yes No
10. Ever had chest pain during/after exercise? Yes No
11. Ever had a back injury or pain? Yes No
12. Have joint pain, weakness, or injuries (i.e. knees, ankles)? Yes No
13. Have diabetes? Yes No
14. Have problems with sleepwalking, bed-wetting or nightmares? Yes No
15. Have sleep apnea? yes No
16. Have asthma? Yes No
17. Other medical issues? Yes No

Please explain any "yes" answers, noting the number of the question and provide any relevant information regarding treatment.

IMPORTANT- THE FOLLOWING MUST BE COMPLETED FOR ATTENDANCE

Parent/Guardian Authorization: My permission is given to the medical personnel chosen by the camp director to order treatment, x-rays, routine tests, to release any records necessary for insurance purposes; and provide or arrange necessary related transportation. If I cannot be reached in an emergency, I give permission to the physician chosen by the camp to secure and administer treatment, including hospitalization, for the person named above. The camper has my permission to engage in all camp activities except as noted. I verify that this health report is complete and accurate.

Signature of Parent/Guardian or Adult Camper

Printed Name Date

Student/Adult Agreement

I understand that there may be times when I may need to be restricted in my participation due to injury or illness. I agree to abide by any restrictions placed on me by the staff of the TKD Camp or by the local physician.

Signature of minor or adult camper:

Printed Name Date

Conditions of Enrollment

1. The camper and the camper's parents/guardian agree to abide by the rules and regulations set forth by the TKD Camp for the health, safety and welfare of all campers. There may not be excessive displays of affection. Campers of opposite sex are forbidden from entering each others tent. It is expressly forbidden for campers who are minors to use or possess tobacco products or alcohol. It is expressly forbidden for all campers to use non-prescription drugs or drug paraphernalia. Campers may not use foul language and must show respect for their own and others personal possessions. Campers may not leave the campground without express permission. Campers may not leave the campground without express permission. After tent check, campers must remain quiet in their tents. Campers must show respect for the dignity of all individuals; name-calling, verbal and physical abuse is expressly prohibited. Any camper who violates these regulations may be sent home upon the decision of the Camp Director.
2. TKD camp, its administration, instructors and staff are not responsible for articles of clothing, money or personal belonging lost or damaged at camp.
3. All campers are expected to abide by camp regulations, however, should there be a violation the Camp Director reserves the right to dismiss any camper whose actions, behavior, attitude or influence is detrimental or, in the opinion of the Camp Director, not in the best interest of the camp. In this event, there shall be no refund of any part of the camp fee.
4. Permission is hereby given for the TKD Camp to use any photographs, statements or videotape of the participant for TKD promotion.
5. If any camper destroys, damages or loses any equipment or property belonging to the Unified International Taekwon-Do Federation or the campground, the parent legal guardian is responsible and agrees to pay for such damage or loss.
6. All campers tents are grouped on the campground as closely as possible by age and gender. Our policy is to honor tent mate request, if possible, when both families are in agreement. We reserve the right of final decision regarding tent mates.

PARTICIPANT CONTRACT

i have read the TKD Camp rules, regulations and condition of enrollment and the description of the program in camp brochures for which I am applying. I agree to cooperate with staff and other members of the group to the best of my ability and to follow all the rules and regulations and conditions of enrollment.

Camper Signature Date

Parent Signature Date

PARENT/GUARDIAN RELEASE

i authorize my son/daughter to participate fully in all TKD Camp activities. Some of these activities involve risk of personal injury. I understand the TKD Camp cannot safeguard against all such injuries and I expressly agree to assume such risk and waive and release the Unified International Taekwon-Do Federation it's officers, agents and employees from any claim of liability, including the negligence of the TKD Camp for any loss, damage or injury incurred during the program in which my son/daughter is participating. I have read and understand the rules and regulations of the TKD Camp and I expect my child to comply with all health and safety measures and standards of conduct set by the TKD Camp.

Camper Signature Date

Parent Signature (if minor) Date