

Join us for
TAE KWON DO MIGHTY KIDS
SPORTS CAMP
EXTREME

June 19th-23rd
 9:00 - 11:30 AM

TKD SHOWCASE June 24th at 3:00 PM

Fill out one form for each participant. Full payment is required at registration.
 Checks should be made payable to **OPEN DOOR TKD.**

EXERCISE~KICKS~BOARD BREAKS~SELF DEFENSE

The Mighty Kids camp is for children **age 4-7**. Cost is **\$35** per camper or **\$90** family maximum with 3 or more children. Each camper will get a TKD Extreme T-shirt and pants, which they should wear each day. **No refunds or guarantees of t-shirt and pants for registrations received after June 8th.**

Campers will be given water and a snack each day. Juice popsicles will be served for Friday snack. **No peanut products will be served.** If your camper has special dietary restrictions, please send a snack each day in a bag labeled with their name.

TAE KWON DO MIGHTY KIDS CAMP

Camper Name _____ Date _____

Last Grade Completed _____ Gender _____ Birthdate _____ Age _____

Address _____

City _____ ZIP _____ Contact# _____

For students participating in TKD, put belt color: _____

How many ODTKD camps have you participated in? _____

T-shirt size (circle one) YOUTH: Small Medium Large ADULT: Small Medium Large

Pants Size (measure from waist to floor) _____ inches (not size)

PARENT or GUARDIAN Information

Name _____ Email _____

Contact #s _____

Complete the RELEASE WAIVER, MEDICAL & AUTHORIZATION on the reverse side of this fom. Mail the completed registration form & payment to:
 Open Door Church - **TKD Sports Camp** - 9801 Durant Road, Raleigh, NC 27615

RELEASE WAIVER & Authorization

I confirm that my child/children enrolled in the Open Door Tae Kwon Do Sport Camp are current on all immunizations as mandated by the state of North Carolina. Permission is granted for full athletic participation in the camp. I understand I will be contacted in the event of an accident and/or injury. However in the event I cannot be reached, I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I give my permission for adult instructors of the Open Door Tae Kwon Do Sports Camp to administer medications prescribed by a qualified physician. I also understand that Open Door Baptist Church, or anyone connected with Open Door Tae Kwon Do Sports Camp will assume no responsibility for accidents or sickness incurred by my child while at the Open Door Tae Kwon Do Sports Camp. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury.

check here if this camper could have a potential **anaphylactic reaction** or seizure requiring medical attention. Please inform our staff of additional medical concerns.

Camper Name: _____ Date: _____

Signature of Parent or Legal Guardian of Participant: _____