



Winter Break Mini-Camps

Registration Form

December 27-29, 2012 January 3-5, 2012

Chuck Buhs
Head Instructor

Peter Halt
Founding Instructor

Mark Coulter
Treasurer

Participant Last Name	Participant First Name	M.I.	
Address	City	State	Zip
Phone	Email		

Major Injuries/Physical Condition *(use the reverse side of this form, if necessary)*

How did you learn about the camp?

- City Park Mt. Shasta Martial Arts Program Other:
 School (Name: _____) Flyer (Location: _____)

Martial Arts Experience (mark all that apply)	Years	Rank
Taekwondo		
Yongmudo /Judo		
Other:		

NOTE: By choosing to participate in this martial arts mini-camp, the participant's parent/guardian acknowledges and agrees that he/she has been informed and understands that activities involving physical exertion (sometimes vigorous) are an essential requirement of this martial arts mini-camp and therefore, he/she will be expected and required to participate in such activities. It is the participant's and the participant's parent/guardian's responsibility to notify the instructor if the participant knows or has reason to believe that he/she is physically unable to participate in this aspect of the mini-camp. Because there is inherent risk in this mini-camp, the participant's parent/guardian, by participating, agrees to accept such risk.

Signature of Parent or Guardian _____ Date _____

Name of Parent or Guardian *(please print)* _____

For internal use only	
<input type="checkbox"/> Mini-Camp Fee (\$65)	<input type="checkbox"/> Check <i>(payable to MSMA)</i>
<input type="checkbox"/> Liability Waiver, etc.	<input type="checkbox"/> Cash

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