

Please return this form to:

The World Class Tigereye TaeKwonDo
9420 Main Street, Fairfax, Va 22031 (703) 503-3000

SUMMER CAMP

I am registering for:

- Week of July 12th
- Week of July 19th
- Week of July 26th
- Week of Aug 2nd
- Week of Aug 9th
- Week of Aug 16th
- Week of Aug 23rd

Tuition x Week(s) + Registration Fee
_____ x _____ +59

Total amount enclosed:

\$ _____



PARENT INFORMATION

Name _____

Cell phone # () _____

Work phone # () _____

E-mail address _____

Home Address _____

City _____ State _____ Zip code _____

STUDENT INFORMATION

Student Name _____ M/F

Grade next fall _____ Date of birth ____/____/____

Any Medical condition _____

Any prior martial arts experience _____

PARENTAL CONSENT AND RELEASE

I/we, the undersigned, individually and as parent(s) and/or guardian(s)

of _____ a minor, ask that she be admitted to participate in this sport camp. In consideration of such admission, I/we do hereby agree to release, discharge, and hold harmless the camp directors and staff of Tigereye Tae Kwon Do, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the sport camp or in the course of competition and/or activities held in connection with the sport camp.

Parent/guardian signature

Date