



MIDTOWN TAEKWONDO

Steven & Tara Miller, Chief Instructors
200 N. Evergreen
Memphis, TN 38112
Phone (901) 725-5552
www.midtowntaekwondo.com



Day Camp Registration Form

Camp Date: _____

FIRST CHILD

Name _____ Age _____ DOB _____
Gender _____ Please list any known allergies _____
Any thing else we need to know to care for this child? _____
Does this child need a booster seat? _____

SECOND CHILD

Name _____ Age _____ DOB _____
Gender _____ Please list any known allergies _____
Any thing else we need to know to care for this child? _____
Does this child need a booster seat? _____

THIRD CHILD

Name _____ Age _____ DOB _____
Gender _____ Please list any known allergies _____
Any thing else we need to know to care for this child? _____
Does this child need a booster seat? _____

PARENT INFORMATION

Mother's Name _____ **Home Phone** _____
Cell Phone _____ **Work Phone** _____ **Ext** _____
Address _____ **City** _____ **Zip** _____
Email Address _____

Father's Name _____ **Home Phone** _____
Cell Phone _____ **Work Phone** _____ **Ext** _____
Address _____ **City** _____ **Zip** _____
Email Address _____

PICK UP PERMISSION AND EMERGENCY CONTACT

- 1) _____ **Cell Phone** _____ **Other Phone** _____
- 2) _____ **Cell Phone** _____ **Other Phone** _____
- 3) _____ **Cell Phone** _____ **Other Phone** _____

We will only release children to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The people listed above are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached. Individuals listed above must be prepared to show picture identification.

AN INDIVIDUAL NOT LISTED ABOVE WILL NOT BE ABLE TO CHECK YOUR CHILD OUT OF CAMP.



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MEDICAL CONTACT INFORMATION

Pediatrician _____ Phone _____

Insurance Provider _____

Name of Primary Insurance Card Holder (as it appears on card) _____

Preferred Hospital _____

PERMISSION TO RIDE

I (We) hereby grant permission for (children's names) _____ to ride to/from field trips hosted by Midtown Taekwondo during the course of the day camp.

Signature of Parent/Guardian _____ Date _____

PHOTOGRAPH WAIVER AGREEMENT

I, _____, the parent or guardian of, _____, do hereby voluntarily waive, grant, and release the right to publish pictures of myself and or my child/children to Midtown Taekwondo. I understand that these pictures may be printed, placed on the Midtown Taekwondo website, or incorporated into promotional material such as brochures and videos. I also understand the circulation of the materials could be worldwide and that there will be no compensations to me for this use.

Signature of Parent/Guardian _____ Date _____

LIABILITY AGREEMENT

Child's Name (print) _____ Child's Age _____

Parent/Guardian Name (print) _____

- 1) I authorize Midtown Taekwondo representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment
- 2) I have documented below all precautions and instructions regarding my child's care. I have noted above any special health-related conditions or allergies regarding my child.

All children attending the MTKD day camp are urged to obtain a physical examination prior to attending camp. This camp will involve physical activity. In recognition of the possible danger involved with any physical activity, the above parent/guardian agrees to not hold Midtown Taekwondo instructors, representatives, or students liable for any injuries that the above child may sustain during the length of the camp. I understand that every precaution will be taken to ensure the safety of my child.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL TERMS AS WRITTEN ABOVE.

Signature of Parent/Guardian _____ Date _____