

SUMMER TRAINING CAMP REGISTRATION

2990 Grace Lane, Costa Mesa, CA 92626

www.southcoastmartialarts.com

(714) 545-5759

SCMA CAMP (ALL 5 DAYS)

@ \$425/ \$475 /\$500 _____

DEADLINES May 31st, June 30th, July 20th

One Day @ \$125 _____

Total _____

STUDENT INFORMATION (please print)

Name: _____ Phone: _____

Address: _____

City: _____ State/Country: _____ Zip: _____

Age: _____ Birth Date: _____ Height: _____ Weight: _____

Any Medications/Allergies/Food Restrictions _____

Write on back or attach separate page with specific instructions and authorization to treat.

Any Current Injuries: _____

Training background: (Attach separate page as necessary)

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____ Phone: _____

Address: _____

City: _____ State/Country: _____ Zip: _____

HEALTH INSURANCE INFORMATION

Carrier: _____ Policy Number: _____

Business Address: _____

*Note: if participant does not have current health insurance it is recommended that they purchase from their local travel insurance carrier.

WAIVER OF INJURY RELEASE

I realize that the exercise and physical fitness requires both physical exertion and physical contact. I assume all responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating. I hereby waive all claims against the Walking Tall Foundation dba South Coast Martial Arts, its instructors, board of directors, sponsors and its agents, both individually and collectively, for injuries that I or my child may sustain at South Coast Martial Arts Training Center. I understand that it is my own responsibility to pay for any medical care which may be necessary as the result of accidents or injuries which may occur during my child's membership and participation with the SCMA Summer Training Camp. In the event of any serious injury, the parents/guardians will be immediately notified and the participant will be taken by SCMA staff to be treated at the nearest Medical Facility or taken by ambulance and hereby give my consent to treatment.

Signature

(Parent or Guardian must sign for members under 18)

Print Name

Date

Note: This is a five day sleep-over training camp.
No refunds or cancellations after July 10th.
Make checks payable to the WALKING TALL FOUNDATION

Limited space is available.
QUESTIONS: call Gina Sahagun or Philip Sahagun
VISA AND MASTERCARD ALSO ACCEPTED