



Summer Camp Registration

Participant Name: _____
Age: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone Number: _____ Email: _____
Karate School _____ Rank _____
Medications: _____
Allergies: _____

WEEKLY FEES:

\$295.00 Non-Kim's Karate Members

\$275.00 Kim's Karate Members

***\$25 off your second child,\$50 off each additional child

*** Payment only by **CASH OR CHECK ONLY** made payable to "KIMS KARATE" (\$30 service fee for returned check)

CHOOSE YOUR WEEKS

- ☐ Kim's HQ June 23-27, 2025
- ☐ Week 1 @ Kim's Shrewsbury June 23-27, 2025
- ☐ Week 2 @ Kim's Shrewsbury July 14-18, 2025

Waivers

I hereby submit my application for registration in the Kim's Karate Summer Camp ("the Summer Camp").

I agree to waive claims against and to indemnify and hold harmless any persons connected with the Summer Camp from any and all liability caused by participation in the Summer Camp, whether or not intentional. I recognize and acknowledge the inherent risks that my/my child's participation may present. I likewise assume all responsibility for my/my child's actions in connection with the Summer Camp.

I understand that pictures/media taken at the Kim's Karate Summer Camp may be used for promotional materials without compensation at any time.

Parent/Guardian Name (print) _____

Guardian's Signature: _____ Date: _____