

Region 116 Junior Leader Camp

April 24-25, 2010

Deadline for Registration: March 29, 2010

Check-in Time: 5:30 pm Saturday

Check-out Time: 7:00 pm Sunday

Age Requirement: 7 and up

ALL RANKS WELCOMED!

LOCATION:

Held in Conjunction with Region 116 Tournament

North Park Recreation Center

30372 Eden Church Road

Denham Springs, LA 70726

First Line-up: 6:00 pm Saturday

Second Line-up: 7:30 am Sunday

(wear T-shirt and black workout pants)

Items to Bring:

Dobok

Athletic Shoes

Workout Clothes

Instructor Manual

Water Bottle

FOOD AND LODGING ARE NOT INCLUDED!

CAMP FEE: \$160

Applications with deposit received by March 29, 2010 receive a \$50 discount.

Information Sheet

Deadline for Application is March 29, 2010

\$50 Discount for all applications received before this date.

Mail All Applications to:

Denham Springs ATA Martial Arts

141 Aspen Square, Suite A

Denham Springs, LA 70726

Name: _____

Age: _____

Rank: _____

ATA Number: _____

Instructor: _____

Parent or Guardian: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

Any illnesses or medical issues: _____

American Taekwondo Association – Event Waiver

NAME: _____ ATA # _____

APPLICANTS AGE: _____ HOME PHONE# _____

ADDRESS: _____

IN CASE OF EMERGENCY CONTACT:

RELATIONSHIP: _____ HOME PHONE _____

WORK PHONE _____

STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION

I am aware in signing this statement for participation in the ATA Instructor Camp that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability for participation in the activity. If for any reason you question your ability to participate in the activity, please consult with the instructors prior to participation. Please note that some activities are conducted in the out-of-doors so proper dress (rain gear, warm clothing) is essential to avoid exposure to the elements.

The Instructors of the course will take every reasonable precaution to minimize exposure to known risks, however, as a participant you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities, which lead to the experiences during the ATA Instructor Camp.

I recognize that there is a significant element of risk in any adventure, sport or activity. Knowing the inherent risks, dangers and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.

I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expense thereof, as a result of my family member(s) participating in the ATA Instructor Camp.

EMERGENCY MEDICAL INFORMATION

YES NO Allergies to foods, drugs, insect bites, dust.
___ ___ Please, identify them and your/their reaction.

YES NO Physical disabilities or conditions, which might limit your/child participation.
___ ___ Please, identify them and your/their reaction.

YES NO If you/child are presently taking medication, please identify them.
___ ___

TURN PAPER OVER FOR MEDICAL RELEASE INFORMATION

MEDICAL AUTHORIZATION

PARENT OR LEGAL GUARDIAN MUST SIGN FOR ALL PERSONS UNDER 18 YEARS OF AGE

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the ATA, Hotel facility, Camp facility, or its employees for any injury or damage received by me or my child while he/she is being transported or is engaged in this activity.

I understand and accept the above statement and further authorize each of the following:

- A. The health history on the front is correct and the participant has my permission to engage in all program activities.
- B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.
- C. I authorize medical care units to release medical record information to the health insurance carrier for the ATA to process claims.
- D. I understand that I am financially responsible for charges not covered or paid by the ATA member insurance and hereby guarantee full payment to the attending physicians and or health care units.

Printed Name _____

Signature _____ Date _____

(If 18 or under parent or guardian must sign)