



Summer Program Pricing

Please complete both sides of this form and return it to the Carden Hall Student Office or email it to kkrewe@icloud.com by **June 7, 2024**, to ensure enrollment. Please check all that apply.

2024 Camp (July 29-August 2)

Morning (8 a.m. to 11:30 p.m.)	\$225	_____
	Second camper: \$190	_____
Afternoon (12:30 p.m. to 4 p.m.)	\$225	_____
	Second camper: \$190	_____
Full-day (8 a.m. to 4 p.m.)	\$325	_____
	Second Camper: \$276	_____

Total enclosed: \$ _____

Please make checks payable to AJK's TKD or pay by credit card.
Your email will act as your receipt.



----- Exp. Date ___ / ___

CVC code: ___ Amex code: _____ Billing zip code: _____

STUDENT INFORMATION

(Please print.)

Last name	First name	D.O.B.	Age
Address	City	Zip	
Home Phone ()	Cell Phone ()		
Work Phone ()	Email		

Please complete the reverse side.



IN CASE OF EMERGENCY

Primary contact information (name and phone number) ()
Secondary contact information (name and phone number) ()
Doctor's name and phone number ()
Special medical problems and/or medications

RELEASE AND ACKNOWLEDGEMENT OF RISK

1. I expressly agree and promise to accept and assume that all of the risks existing in this activity are purely voluntary, and I elect to register the participant in spite of any risk.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless AJK's TKD from any and all claims, demands, or causes of action which are in any way connected with the registered participant in this activity or his/her use of AJK's equipment or facilities, including any such claims which allege negligent acts or omissions of AJK's TKD.
3. I certify that I have adequate insurance to cover any injury or damage that the registered applicant may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that the registered applicant has no medical or physical conditions, which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created directly or indirectly by any such condition.
4. All claims and disputes arising under or relating to this Agreement are to be settled by binding arbitration in the State of California or another location mutually agreeable to the parties. An award of arbitration may be confirmed in a court of competent jurisdiction.

By signing this document, I acknowledge that if anyone is hurt or any property is damaged during participation in this program, I may be found by a court of law to have waived my rights to pursue a lawsuit against AJK's TKD and/or any of its employees or contractors. I have had sufficient opportunity to read and understand this entire document, and I agree to be bound by its terms.

Parent or Guardian Name (Print) _____

Parent or Guardian (Signature) _____ Date _____