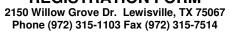


KIMSUSA

2012-13 HOLIDAY CAMP REGISTRATION FORM





	Birth	Date//	Age
Students Name	-	5	
	Birth	Date//_	Age
Students Name	Birth	Date / /	ΔαΔ
Students Name	Dirtii	Date//	Age
	Re	elationship	
Primary Contact	/		
() Home Phone	() Work Phone	• • • • • • • • • • • • • • • • • • • •	
()	@		_
Mobile Phone	Email Address		
Address	City	Zip	
Alternate Contact	Re	adionship	
()	()		
Home Phone	Work Phone		
Mobile Phone	@ Email Address		_
		_	
CHECK DATES YOUR CHILD		1	Information r Session Rate:\$99
NOVEMBER	JANUARY	Full D	ay Drop In: \$50
MON - Nov 19 TUE – Nov 20	WED – Jan 2 THU – Jan 3	Half Day Drop In:\$35 Sibling Discount:\$10 off	
WED – Nov 21	FRI – Jan 4	Olbinig 1	Discount. Vio on
WED NOVE	THE GUIT		
Waiver - Medical Release -	Parent Agreement		
WAIVER - I, the PARENT, of agree that the strict observation of	of the rules and regulations relative to training, inc	cluding the use of prot	understand and
and that the use of the facilities a	nd the Member's presence at KIMS USA LLC., KI	IMS TKD LLC. are the	sole risk of the Member. It is
	Member that martial arts and gymnastics involves ements and that in connection with the training a		
between instructors and Members	s and among the Members themselves and that co	ontact may result in pe	rsonal injury despite the best
	cautions. The member agrees that KIMS USA Line rized representatives, shall not be responsible for		
loss, including loss of property, da	amage, personal injury, or expense incurred by the	e Member or anyone cl	aiming through a Member, or
	with KIMS USA Center, but not limited to, any ca actors, Members, agents, employees, operators, o		
event that I am not present and m	ny child is in need of emergency medical treatmer	nt, I hereby give my cor	nsent to the program director
	ergency medical treatment for my child. I under pm. <u>PARENT AGREEMENT</u> - I understand and a		
director must be notified by 9:00	am if my child will not be attending on a sched	duled date. I understar	nd and agree that KIMSUSA
	will not serve snacks or lunch. I understand an ild to and from the KIMSUSA CENTER to field to		
			ii not be responsible for any
discretion of the Program director.	s. I understand and agree that KIMSUSA CENTE	ER 2011 Holiday Camp	schedule can change to the
aleerenen er meer regram ameeten.		ER 2011 Holiday Camp	schedule can change to the
3			-