

# Teakwon-Do Camp Application/Enrollment Form

Please complete one form for each camper. Formes not filled out completely will be returned without being processed. All applications must be returned with checks made payable to "UITF Summer Camp" by June 16, 2007 to:

UITF Summer Camp  
101 Birch Mountain Road  
Manchester, CT 06040 USA

Name \_\_\_\_\_  Male  Female TKD Rank \_\_\_\_\_

Address \_\_\_\_\_

Name of any other family members who will also be attending TKD camp: \_\_\_\_\_

Will family members who are not taekwon-do students be coming to camp?  Yes  No

Taekwon-Do School and Instructor \_\_\_\_\_

Email Address \_\_\_\_\_ T-Shirt Size (Adult sizes)  S  M  L  XL

Home Phone \_\_\_\_\_ Age at start of program \_\_\_\_\_ Birth Date \_\_\_\_\_

**Choose a session:**

- |  |  |
|--|--|
| <input type="checkbox"/> 5 day basic camp..... \$300<br>Monday – Friday  | <input type="checkbox"/> 7 day extended camp*..... \$350<br>Monday – Sunday  |
| <input type="checkbox"/> Weekend camp*..... \$125<br>Saturday and Sunday | <input type="checkbox"/> 3 Day Certified Instructor & ..... \$150 for existing certificate holders<br>Referee Course* \$250 for first time attendees<br>Friday – Sunday \$80 for 7 day campers |

Note: Second family member receives 20% discount, third family member and higher receives 30% discount

\*must be age 13 or older to stay for the weekend unaccompanied by an adult

Are you requesting a promotional test at the end of camp?  Yes  No

**If you are planning to test, you must get your instructor's prior approval, as indicated by your instructor's signature below. No student will be allowed to test without the necessary signature:**

**Instructor's Signature** \_\_\_\_\_

If you are age 14 to 18, are you interested in being a camp counselor for younger campers?  Yes  No  
*(Camp counselors are afforded certain special privileges during camp. It is very strongly recommended that all TDK campers in this age group volunteer to be counselors)*

Do you play a musical instrument?  Yes  No If yes, which instrument? \_\_\_\_\_

Do you have a tent? \_\_\_\_\_  Yes  No If no, who is/are your tentmate(s). ? \_\_\_\_\_

Tent size (circle one):                      Small (Up to 6×6)                      Medium (Up to 10×10)                      Large (over 10×10)

When do you plan to arrive at camp?  Sunday after 5:00 PM                       Monday before 8:00 AM

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address if other than child's \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address if other than child's \_\_\_\_\_

Describe the participant's overnight camp experience (where and number of years)

\_\_\_\_\_

Conditions of Enrollment

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1. The camper and the camper's parents agree to abide by the rules and regulations set forth by the TKD camp for the health, safety and welfare of all campers. There may not be excessive displays of affection. It is expressly forbidden for campers who are minors to use or possess tobacco products or alcohol. It is expressly forbidden for all campers to use non-prescription drugs or drug paraphernalia. Campers may not use foul language and must show respect for their own and other's personal possessions. Campers may not leave the campground without express permission. After tent check, campers must remain quiet in their tent. Campers must show respect for the dignity of all individuals; name-calling, verbal and physical abuse is expressly prohibited. Any camper who violates these regulations may be sent home, upon the decision of the Camp Director.
2. TKD camp is not responsible for articles of clothing, money or personal belongings lost or damaged at camp.
3. We expect all campers to abide by camp regulations, however, should this not occur, we reserve the right to dismiss any camper whose action, behavior attitude or influence is detrimental or, is in the opinion of the Camp Director, not in the best interest of the camp. In this event, there shall be no refund of any part of the camp fee.
4. Permission is hereby given for the TKD camp to use any photographs, statements or videotape of the participant for TKD promotion.
5. If any camper destroys, damages or loses any equipment or property belonging to the Unified Taekwon-Do Federation or Camp Coldbrook, the parent/legal guardian is responsible and agrees to pay for such damage or loss.
6. All campers' tents are grouped on the campground as closely as possible by age. Our policy is to honor tentmate requests, if possible, when both families are in agreement. We reserve the right of final decision regarding tentmates.

PARTICIPANT CONTRACT

I have read the TKD Camp rules and regulations, conditions of enrollment and the description of the program in camp brochures for which I am applying. I agree to cooperate with staff and other members of the group to the best of my ability and to follow all the rules and regulations and conditions of enrollment.

Camper Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN RELEASE

I authorize my son/daughter to participate fully in all TKD Camp activities. Some of these activities involve risk of personal injury. I understand the TKD camp cannot safeguard against all such injuries and I expressly agree to assume such risk and waive and release the Unified Taekwon-Do Federation, its officers, agents and employees from any claim of liability, including the negligence of the TKD Camp for any loss, damage or injury incurred during the program in which my son/daughter is participating.

I have read and understand the rules and regulations of the TKD Camp and I expect my child to comply with all health and safety measures and standards of conduct set by the TKD Camp.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# UITF TAEKWON-DO CAMP HEALTH HISTORY FORM

(To be completed by parent)

The information on this form is gathered to assist us with providing appropriate care in case of an emergency. All of the information is kept confidential and is accessible only to those personnel at camp that need to see it for safety purposes. Please type the information or print clearly.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age at camp \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Gender \_\_\_\_\_

Custodial Parent / Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Second Parent / Guardian or Emergency Contact \_\_\_\_\_

Relation to Child \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_ Relation to Child \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

## Insurance Information

Is the participant covered by family medical / hospital insurance? \_ Yes \_ No

If so, please indicate carrier or plan name \_\_\_\_\_

Group # \_\_\_\_\_ Phone Number or Contact information \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

SS # of Policy Holder or Insurance ID # \_\_\_\_\_

## Health History

Please be candid when providing the health history for the participant, as it will assist us with providing appropriate care. We understand that you may have filled out this information on another form. We thank you for taking the time to repeat this process. It will aid us in preparation for the summer.

### ACTIVITY RESTRICTIONS

Explain any and all restrictions or limitations to activity. For example, please note if the participant has knee or ankle braces for hiking/running, or fear of heights, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any dietary restrictions or concerns \_\_\_\_\_

Does the applicant have any unusual sleeping habits or problems (i.e., snoring, sleepwalking, bedwetting)?

Please describe \_\_\_\_\_

ALLERGIES – List all known

Describe reaction and management of reaction

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**MEDICATIONS**

Please list ALL medications (including non-prescription or over the counter drugs) that are taken routinely. Bring enough medication to last the entire time at camp.

\_\_ This person takes NO medications on a routine basis.

\_\_ This person takes the following medications on the following schedule:

Medication 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_ Phone Number of Doctor \_\_\_\_\_

Medication 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Prescribing Doctor \_\_\_\_\_ Phone Number of Doctor \_\_\_\_\_

Attach additional pages for more medications.

Has the camper:

- 1. Had any recent injury, illness, or infectious disease?    \_ Yes \_ No
- 2. Have a chronic or recurring illness /condition?           \_ Yes \_ No
- 3. Ever have a head injury?                                       \_ Yes \_ No
- 4. Suffer from migraines   \_ Yes \_ No
- 5. Ever been knocked unconscious?                             \_ Yes \_ No
- 6. Wear glasses or contacts?                                     \_ Yes \_ No
- 7. Ever passed out during or after exercise                   \_ Yes \_ No
- 8. Ever been dizzy during or after exercise?                 \_ Yes \_ No
- 9. Ever had seizures?    \_ Yes \_ No
- 10. Ever had chest pain during or after exercise?            \_ Yes \_ No
- 11. Ever had back problems?                                       \_ Yes \_ No
- 12. Ever had problems with joints (i.e., knees, ankles)     \_ Yes \_ No
- 13. Have diabetes   \_ Yes \_ No
- 14. Have asthma?    \_ Yes \_ No
- 15. Have problems with sleepwalking or nightmares?        \_ Yes \_ No
- 16. Have a history of bed-wetting?                                \_ Yes \_ No
- 17. Have / had an eating disorder?                              \_ Yes \_ No

Please explain any yes answers, noting the number of the question (s): \_\_\_\_\_

**IMPORTANT – THE FOLLOWING MUST BE COMPLETED FOR ATTENDANCE**

**Parent / Guardian Authorization:** My permission is given to the medical personnel chosen by the camp director to order treatment, x-rays, routine tests, to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation. If I cannot be reached in an emergency, I give permission to the physician chosen by the camp to secure and administer treatment, including hospitalization, for the person named above. The camper has my permission to engage in all camp activities except as noted. I verify that this health report is complete and accurate.

Signature of Parent / Guardian or Adult Camper \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Student / Adult Agreement:**

I understand that there may be times when I may need to be restricted in my participation due to injury or illness. I agree to abide by any restrictions placed on me by the staff of TKD Camp or by the local physician.

Signature of Minor or Adult Camper \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_