



# TEAM TOKEY CAMP REGISTRATION FORM

360 Port Washington Blvd. Port Washington, NY 11050 - 516-625-9695

Each person attending camp must complete and sig this Registration Form.

Name: \_\_\_\_\_ Athlete \_\_\_ Coach \_\_\_ Other \_\_\_

• If you checked Other, please explain your role: \_\_\_\_\_

• If you checked Athlete, who is your coach? \_\_\_\_\_

• If you checked Coach, will you be attending the Coach's Course if offered? Yes No

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## CAMP SCHEDULE

### Friday

6:00 pm – 8:00 pm Session #1

### Saturday

1:00 pm – 2:30 pm Session #2

3:30 pm – 5:00 pm Session #3

### Sunday

11:00 am – 1:00 pm Session #4

**\$50 PER SESSION** (Check the Sessions you plan on attending)

•Session #1: X \$50 \_\_\_\_\_

•Session #2: X \$50 \_\_\_\_\_

•Session #3: X \$50 \_\_\_\_\_

•Session #4: X \$50 \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

Payment Method: Check \_\_\_ Credit Card \_\_\_ Money Order \_\_\_

## FOR CREDIT CARD PAYMENTS ONLY

Name as it Appears on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Authorization Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**NOTE:** Every athlete participating in this camp must complete and sign THE DEVELOPMENTAL TO ELITE SPORT- KARATE CAMP PARTIPANT BIOGRAPHY. All other people staying at the TTH Training Center must read, complete and sign the following waiver.

WAIVER FOR ANYONE STAYING IN THE TEAM TOKEY HILL TRAINING CENTER

THIS FORM MUST BE READ AND SIGNED UNALTERED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN ANY FUNCTION (I.E., TRAVEL, TRAINING, STAYING, COMPETITION, PROCESSING, MEETING OR TESTING SESSIONS) AT THE TEAM TOKEY HILL TRAINING CAMP. BY SIGNING THIS AGREEMENT, THE PARTICIPANT AFFIRMS HAVING READ AND UNDERSTOOD IT AND IS IN AGREEMENT WITH ITS CONTENTS (Continued on PAGE TWO).

IN CONSIDERATION of my involvement in the sport of karate and activities under the auspices of the TEAM TOKEY HILL TRAINING CAMP, including staying on premises, I acknowledge, appreciate and agree that:

1. RISK IS INHERENT IN PARTICIPATION IN MY SPORT, and in related training and discipline, including risks from the use of equipment and facilities, including staying on the premises, the risk of injury does exist, as well as the risk of damage to or loss of property; THESE RISKS INCLUDE EXTENSIVE AND SEVERE BODILY INJURY, PARALYSIS, DISMEMBERMENT, DISABILITY, DEATH, HARASSMENT, AND EXPOSURE TO INAPPROPRIATE CONDUCT.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS; both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE-ES OR OTHERS;
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation, I will bring such to the attention of the nearest official immediately.
4. I, FOR MYSELF, AND ON BEHALF OF MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES, and NEXT OF KIN, HEREBY RELEASE, HOLD HARMLESS AND PROMISE NOT TO SUE TEAM TOKEY HILL, OR OTHER SPONSORING ORGANIZATION, THEIR OFFICERS, COACHES, VOLUNTEERS, STAFF, SPONSORS, AND/OR AGENTS, ("RELEASE-ES") WITH RESPECT TO ANY AND ALL INJURY AND/OR LOSS ARISING FROM MY PARTICIPATION, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE OR WANTON MISCONDUCT.
5. This Waiver and Release of Liability shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to Team Tokey Hill, whichever occurs first; provided however, that any such revocation shall not in any manner affect the waiver and release of liability given hereunder for any acts or occurrences prior to receipt of said written notice by Team Tokey Hill, or prior to termination of my participation.

I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Participant's Signature \_\_\_\_\_

Participant's Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Releases from any and all Liability incident to my/our minor child's involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE-ES, to the fullest extent permitted by law.

Parent/Legal Guardian Signature \_\_\_\_\_

Parent/Guardian Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_