



42nd Annual Korean Martial Arts Summer Camp

July 20–23, 2017 • U.C. Berkeley, CA • info@ucmap.org • <http://www.ucmap.org/>

Sponsored by the UC Martial Arts Program

Registration Form

2301 Bancroft Way
145 RSF
Berkeley, CA 94720

510.642.3268
telephone

510.642.5730
fax

Last Name		First Name		Age	
Address		City	State	Zip	
Phone		Email			
Current Martial Arts School					
School Address		City	State	Zip	
Instructor's Name					

Martial Arts Experience (mark all that apply)	Years	Rank
Taekwondo		
Yongmudo/Hapkido		
Judo		
Kumdo/Korean Swordsmanship		
Other:		

Send this completed *Registration Form, Release of Liability Form, Health Information and Medical Insurance Form*, and check (made payable to "U.C. Regents") in the appropriate amount (see deadlines below) to:

42nd Annual Korean Martial Arts Summer Camp
U.C. Martial Arts Program
2301 Bancroft Way
145 RSF
Berkeley, CA 94720

Early Registration	Before June 1, 2017	\$375
Regular Registration	June 1 and after	\$399

For internal use only			
<input type="checkbox"/> Health/Ins Form	<input type="checkbox"/> Liability Release	<input type="checkbox"/> Registration Form	
<input type="checkbox"/> Early Registration	<input type="checkbox"/> Regular Registration		
Balance Paid:	Date:	Amount:	Date:
Check #:	Initials:		



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Health Information and Medical Insurance Form

2301 Bancroft Way
145 RSF
Berkeley, CA 94720

510.642.3268
telephone

510.642.5730
fax

Last Name First Name Age

Birth date: _____ Gender: **Male** **Female**

Medical Conditions and Known Injuries (*Attach another sheet if necessary*)

Prescribed Medications (*Remember to bring your prescription medications*)

Known Drug and Food Allergies (*Attach another sheet if necessary*)

Special Needs and Dietary Requirements (*Attach another sheet if necessary*)

Medical Insurance

Insurance Company Name Policy Number

Insurance Company Emergency Contact Phone Policy Expiration Date

Subscriber's Last Name Subscriber's First Name Relation

Subscriber's Street Address City State Zip

Emergency Contact

Last Name First Name Relation

Address City State Zip

Phone Email

I freely provide this information to the organizers of the 42nd Annual Korean Martial Arts Summer Camp, and solely during this event I authorize them to furnish this information to those who may need it to provide me with first aid or medical treatment. I understand that this record will be maintained in confidence by UCMAP.

Signature of Participant

Date

Signature of Parent/Guardian
(If under 18 years of age)

Date