



# 2014 Martial Arts Mini-Camp

## July 1, 2 & 3 • 10am - 2pm



A partnership between the Mount Shasta Martial Arts Program and the Mt. Shasta Recreation & Parks District

Chuck Buhs  
Head Instructor

### Registration Form

Peter Halt  
Founding Instructor

Participant Last Name Participant First Name M.I.

Mark Coulter  
Treasurer

Address City State Zip

Phone Email

Major Injuries/Physical Condition (use the reverse side of this form, if necessary)

How did you learn about the camp?

- City Park                       Mt. Shasta Martial Arts Program                       Other:  
 School (Name: \_\_\_\_\_ )                       Flyer (Location: \_\_\_\_\_ )

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

**NOTE:** By choosing to participate in this martial arts mini-camp, the participant's parent/guardian acknowledges and agrees that he/she has been informed and understands that activities involving physical exertion (sometimes vigorous) are an essential requirement of this martial arts mini-camp and therefore, he/she will be expected and required to participate in such activities. It is the participant's and the participant's parent/guardian's responsibility to notify the instructor if the participant knows or has reason to believe that he/she is physically unable to participate in this aspect of the mini-camp. Because there is inherent risk in this mini-camp, the participant's parent/guardian, by participating, agrees to accept such risk.

Signature of Parent or Guardian Date

Name of Parent or Guardian (please print)

For internal use only	
<input type="checkbox"/> Mini-Camp Fee (\$65)	<input type="checkbox"/> Check (payable to MSMA)
<input type="checkbox"/> Liability Waiver, etc.	<input type="checkbox"/> Cash

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