



2017 Agape Black Belt Center OVERNIGHT TKD Camp



LeTourneau Christian Camp

4950 County Rd 11, Rushville, NY 14544

Friday, August 11th, 4pm - Sunday, August 13th, 12pm (2 Nights & 3 Days)

All Information Must Be Completed.

Camper's Name : _____ Gender : ____ Age : ____ Date of Birth : _____

Address : _____ Phone : _____

Name of Dojang : _____ Rank : _____ Belt

Emergency Information :

Emergency Contact Name : _____ Relationship _____ Phone : _____

Family Physician Name : _____ Phone : _____

Insurance Company Name : _____ Policy No : _____

*** Allergies : _____

*** Medications : _____ How May Times : _____

Camp Fee \$ 115 ABBC T – Shirt \$ 10 Circle Size YOUTH : S M L XL ADULT : S M L XL 2XL

Total Amount \$ _____

Pay with Credit Card – Please PRINT CLEARLY! Please Check [] Visa [] Master Card [] Amex

Account Number		Expiration Date	
Name of Institution		CVV # (last 3 digits behind card)	
Name (On Card)		Amount	\$
I agree to pay the above amount according to card issuer agreement. Signature :			

Make check payable & mail to Agape Black Belt Center, 3040 Monroe Ave., Rochester, NY 14618.

To reserve a spot for the camp, registration form and fee must be received before July 31, 2017.

Camp Fee is non-refundable!

Liability Waiver

I agree to waive any and all claims against persons connected with Agape Black Belt Center's Overnight Camp. This should also serve as permission to have the above camper transported and to receive any and all emergency medical health care should the situation arise. I understand that Agape Black Belt Center, LLC reserves the right to remove camper from the program and Agape Black Belt Center is not responsible for personal property lost or stolen while campers are using LeTourneau Camp facility or on premises. I give permission to Agape Black Belt Center to use without limitation or obligation, photographs, film footage, camper's image or voice for purpose of promotion or interpreting Agape Black Belt Center's programs. This also serves as specific permission to transport camper to and from the facility. I acknowledge the waiver and accept the conditions set forth above and, am in sympathy with the goals and purpose of Agape Black Belt Center, LLC. I agree and adhere and abide by the policies of Agape Black Belt Center, LLC.

Camper Signature _____ Date _____

Parent Guardian _____ Date _____