Student/Attendee Name:					
Address:					
Phone #:			Membership#	:	
Date of Birth:					
Emergency Contact:					[for weekend]
Emergency Phone#:					[for weekend]
Illness/Medication/Allergie	s/Special Die	et Needs			
[Continue overleaf if necessary]	ı				
REGISTRATION COST: We estimate that the cost for the registration, if only staying one ni meals over the weekend including  Saturday Breakfast, lunci Sunday breakfast.	ght cost is di: g:				
Note: only main meals are catere	d for people	should br	ing their favorite	snacks for in-be	tween times.
TRANSPORTATION:					
Need a Ride ☐ Availa					
SPONSORSHIP:					
I would like to request sp	onsorship		In the amount	t of:	
I would like to offer spons	sorship		In the amount	t of:	
The applicant warrants, represents and a Karate Camp and he/she is physically an for being permitted to participate, he/she reason of, or in connection with, said acti KARATE-DO, INC., THE WORLD SEIDO and all liability and responsibility for any a negligence of any of them.	d mentally fit to p assumes the ris vities. The applic KARATE ORGA	participate in k of any and cant hereby ANIZATION,	n such activity. The d all accidents and i releases, discharg East Bay Seido K	applicant further agrentianing of any kind sures of any kind sures and absolves ALL arate and its agents a	ees that in consideration stained by hi m/her by STATES GLOBAL and employees of any
Signed:	Date:		ent/Guardian: uired for appli	cants under 18]	Date: