



Lee's Martial Arts Academy

Discover the Power of Positive Thinking!

3270 California Ave SW, West Seattle, WA
(206) 938-3375 www.LMAWestSeattle.com



2010 LMA Summer Camp

Registration & Authorization Form

_____ Camp #1: July 12 - 16

_____ Camp #2: August 9 - 13

Student Name: _____

Emergency Contact #: _____

Address: _____

Doctor Name: _____

Doctor #: _____

Parent Email : _____

Health Problems, Allergy medications, or other special needs of my child:

Cost for each camp is \$225.00. Ask about multi-camp discounts, or multi-child discounts.

Camp includes a free T-shirt for your child, snacks, & multiple activities. Please have your child bring extra shirts, shorts, and a towel. Please ask your child to leave any valuables at home.

I authorize my child, _____, to participate in all events covered at the LMA Summer Tae Kwon Do camp. I have told my child to obey all directions given by the staff, to comply with all safety instructions and to refrain from unsafe practices. I hereby release Lee's Martial Arts Academy and its staff and volunteers from all liability to me or my child, or my child's personal representatives, assigns, heirs, and next-of-kin for any and all claims, demands, losses or damages on account of any injury or damage to property caused or arising from my child's participation in the LMA Tae Kwon Do Summer camp(s).participation in the LMA Tae Kwon Do Summer camp(s).

Signed: _____

Date: _____

Phone: _____

Parent or Guardian