2019 JOHN SEPULVEDA SPIRIT CAMP – JULY 19-21

INDIVIDUAL REGISTRATION FORM

Please print name legibly to prevent misspelling on certificate. Space will be limited to the first 160 people to register.

First Name: ..... **Last Name**: .....

School / Academy Name: ..... **Instructor**: .....

AKTS #: ..... **Age**: ..... **Gender**: ..... **Rank**: .....

Address: .....

City: .....**State**: ..... **Country**: .....

Phone: ..... **T-Shirt* Size**: ☐ **S** ☐ M ☐ L ☐ XL ☐ XXL

Emergency Contact Name: ..... **Emergency Phone**: .....

Specific Diet Requirements (vegetarian, allergies, etc.): .....

** Registrations received after Friday, July 5th may not include a T-shirt. After that date, T-shirts will be first come, first serve.*

REGISTRATION FEE

There will be absolutely no refunds!

	Check / Cash (non-AKTS)		Check / Cash (AKTS)		Credit Card (non-AKTS)		Credit Card (AKTS)	
Registration Fee	☐	$ 210.00	☐	$ 195.00	☐	$ 216.30*	☐	$ 200.85*
Late Registration Fee (this applies to applications turned in after Friday July 5th)	☐	$ 235.00	☐	$ 225.00	☐	$ 242.05*	☐	$ 231.75*
Optional – Climbing Wall	☐	$ 20.00			☐	$ 20.60*		
Instructor's Camp July 18th (AKTS only, limited to first 18)	☐	$ 125.00			☐	$ 128.75*		

** Payments with credit card will have a 3% convenience fee.*

METHOD OF PAYMENT

☐ **CHECK** Make Checks Payable to: ADVANCED KENPO TRAINING SYSTEM

Send Payment via Mail to: MYLISA CHRISP (CAMP DIRECTOR)
PO BOX 178, Elk, WA 99009

☐ **CREDIT CARD:** ☐ American Express ☐ MasterCard ☐ VISA ☐ Discover

Card #: .....

Cardholder: ..... **Expiration Date:** ..... **Security Code (CVC):** .....

Zip Code: ..... Total Payment Amount: .....

I, the undersigned, agree that I am physically fit to participate in this event. I acknowledge the existence of certain risks of personal injury in participation in this physically demanding event and that I assume this risk freely and voluntarily and without liability to Advanced Kenpo Training System, LLC/ Camp Gifford, its owners, agents, employees, other students, and hereby release all of the foregoing parties from all liability arising out of injuries incurred to myself at this event. I hereby authorize the staff at Advanced Kenpo Training System, LLC/ Camp Gifford, to act for me according to their best judgment in any situation requiring medical attention and hereby waive and release illnesses incurred while at the camp. The camp is not responsible for personal items that are lost, stolen, or damaged. Any medical expenses incurred will be the responsibility of the camper and their family. I also understand Advanced Kenpo Training System, LLC/ Camp Gifford, reserves the right to use any photographs, video tapes, or any other record of this event for publicity, advertising or any other purpose. Any controversy arising out of, connected to, or relating to this release and Agreement between me and the above named parties or on behalf of the minor child named below, or of the breach thereof, including but not limited to any claims of violations of Federal and/or State Law, as well as any common law claims shall be settled by arbitration through the Christian Conciliation Services: and in accordance with this paragraph a judgment based on the arbitrator's award may be entered in any court having jurisdiction thereof in accordance with the provisions of R.C.W.7.04. This agreement shall be construed and interpreted under the laws of the State of Washington.

Participant Signature _____ Parent Signature _____ Date _____