APTSDF
2016 Black Belt Camp
Emergency Information Form

Name:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Emergency Phone:_____

Insurance Company Name_____

Insurance Phone #_____

Group Number_____**ID Number**_____

I hereby give my permission for the APTSDF camp staff to seek emergency medical attention for the above named person.

I, the undersigned, for myself, my heirs, executors and administrators, do hereby waive, release and forever discharge any and all rights and claims for damages which I may have for officers of the Atlantic Pacific Tang Soo Do Federation, representatives of the Federation, Karate World of North Georgia, their successors, Camp Staff, my own studio, my own instructor, or Camp ASCCA for any and all damages which may be sustained by me.

_____ _____

Student (Parent if under 18 years of age) Date

Special Note: Our Insurance Carrier and Camp ASCCA Requires Every Camper and Chaperone Sign This Form. We Must Have it Completed for Someone To Attend! There Are No Exceptions To This Rule.