

## SUMMER TRAINING CAMP REGISTRATION

2990 Grace Lane, Costa Mesa, CA 92626

[www.southcoastmartialarts.com](http://www.southcoastmartialarts.com)

(714) 545-5759

## SCMA CAMP

Package 1: \_\_\_\_\_

Package 2: \_\_\_\_\_

### STUDENT INFORMATION (please print)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shirt: \_\_\_\_\_

Any Medications/Allergies/Food Restrictions \_\_\_\_\_  
(Write on back or attach separate page with specific instructions and authorization to treat.)

Any Current Injuries: \_\_\_\_\_

Training background: (Attach separate page as necessary) \_\_\_\_\_

### PERSON TO CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ \*Note: if participant does not have current health insurance it is recommended that they purchase from their local travel insurance carrier.

### WAIVER OF INJURY RELEASE

I realize that the exercise and physical fitness requires both physical exertion and physical contact. I assume all responsibility for any and all damages, injuries or losses that I may sustain or incur, if any, while attending or participating. I hereby waive all claims against the Walking Tall Foundation dba South Coast Martial Arts, its instructors, board of directors, sponsors and its agents, both individually and collectively, for injuries that I or my child may sustain at South Coast Martial Arts Training Center. I understand that it is my own responsibility to pay for any medical care which may be necessary as the result of accidents or injuries which may occur during my child's membership and participation with the SCMA Summer Training Camp. In the event of any serious injury, the parents/guardians will be immediately notified and the participant will be taken by SCMA staff to be treated at the nearest Medical Facility or taken by ambulance and hereby give my consent to treatment. I also grant permission to use my image in photos and or video in accordance with promotions for SCMA purposes.

\_\_\_\_\_  
Signature  
(Parent or Guardian must sign for members under 18)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Note:  
No refunds or cancellations.  
Make checks payable to the WALKING TALL FOUNDATION

Limited space is available.  
QUESTIONS: call Gina Sahagun or Philip Sahagun  
VISA AND MASTERCARD ALSO ACCEPTED

\_\_\_\_ HYPER BROADSWORD CAMP July 6-10<sup>th</sup>

\_\_\_\_ KIDS TUMBLING CAMP July 13-17<sup>th</sup>

\_\_\_\_ HYPER SOUTHERN CAMP July 6-10<sup>th</sup>

\_\_\_\_ MEDITATION CAMP August 17-19<sup>th</sup>



**Walking Tall Foundation**  
**South Coast Martial Arts**  
2990 Grace Lane  
Costa Mesa, CA 92626

Phone: 714/545-5759  
Fax: 714/545-3437

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**CREDIT CARD REGISTRATION ORDER FORM**

Date: \_\_\_\_\_ email \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Re: **SUMMER TRAINING CAMP REGISTRATION**

I would like to purchase registration for the following event:

**5 DAY - HYPER KUNG FU BROAD SWORD CAMP**

- ☐ Package 1 - Camp, Kung Fu Athlete Shirt, Broadsword, Poster \$225
- ☐ Package 2 - Camp, Kung Fu Athlete Shirt, Broadsword, Poster, DVD \$240

**5 DAY - KUNG FU SOUTHERN STYLE CAMP**

- ☐ Package 1 - Camp, Kung Fu Athlete Shirt, Poster \$200
- ☐ Package 2 - Camp, Kung Fu Athlete Shirt, Poster, DVD \$225

**5 DAY – KIDS ACROBATICS CAMP**

- ☐ Package 1 – Camp + Athlete Shirt \$200

**3 DAY – MEDITATION SUMMIT**

- ☐ Package 1 – 3 Days of Camp \$150

TOTAL \$ \_\_\_\_\_

Please print clearly

Name of Cardholder: \_\_\_\_\_

Type of Card: Visa / Mastercard

Credit Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Verification # \_\_\_\_ (on back of card)

Mailing Address of card: \_\_\_\_\_

Zip Code: \_\_\_\_\_

I hereby authorize this charge for one of the SCMA SUMMER TRAINING CAMP's to my credit card.  
I understand that space is limited and there are no refunds.

Signature of Cardholder: \_\_\_\_\_