



Snow Day Camp

U.S. Tae Kwon Do Martial Arts Academy

9 Cardinal Park Drive SE
Leesburg VA 20175
703 777 1000 | www.ustma.com

Registration Form

Student(s) Name _____ Age _____

Address _____ City _____

Primary Email _____

Secondary Email _____

Mother's Cell _____ Work# _____

Father's Cell _____ Work# _____

Home Phone _____ Emergency # _____

Emergency Contact _____

Medical Information

Insurance Company _____ Group/Policy # _____

Family Doctor _____ Phone # _____

List any medical conditions or allergies _____

List medications (Prescription and non-prescription) _____

Instructions for administering _____

To be completed by parent or guardian

I agree to supply the above medication in the original container with label intact and all instructions legible. USTMA has my permission to administer the above medication to my child. In case of emergency, USTMA has my permission to seek medical attention necessary for the well being of my child.

I understand that strict observation of the rules and regulations of USTMA relative to the provided training will largely eliminate the possibility of accident or injury. However, I hereby waive any claims of personal injury or damages against USTMA, its principles, coaches, instructors, agents or employees in any case resulting from subject activity. If an injury should occur, I will file the claim through my own insurance.

Transportation

I give permission for my child, named above, to be transported by the USTMA van for field trips or any off-site activities. I understand that the transportation is being offered as a convenience and is not mandatory in order to participate in the field trip.

Parent/Guardian Signature _____ Date _____

Snow Day Fee

\$35 per child, per day

9:00 a.m. - 5:00 p.m.

Total Fee _____

Checks payable to USTMA