

Parental Informed Consent and Hold Harmless/Release Agreement:

I understand that participation in AKKA activates involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standard of conduct.

I am aware that certain inherent risks in the participation of this type of physical exercise and training may result in accidents or injury, and I assume all risk connected with the participation in the programs provided by AKKA. I represent that my child is willing, capable, and is in good health, and suffers from no physical impairment, which would prevent their use of AKKA facilities and instruction. I hereby stipulate that the participant has medical approval to proceed with this type of training. I acknowledge that AKKA has not, and will not render any medical services including diagnosis of child's physical condition. I specifically agree that AKKA, its officers, employees, and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage, or loss of any kind resulting from or related to child's use of the facilities, participation in AKKA programs, exercised or activity within or without AKKA premises, and I agree to hold AKKA, its officers, employee, and agents harmless from the same.

Picture Release: I _____

(parent/guardian) hereby consent that the photographs for which _____ (participant) posed may be used by AKKA Karate, USA, its assigns or Successors, in whatsoever ay they may desire, including television. Furthermore, I hereby consent that such photographs and the plates from which they are made shall be AKKA's property, and they shall have the right to sell, duplicate, reproduce in the form of advertising or otherwise publish and make other uses of such photographs and plates as they my desire – free and claim of any claim whatsoever on my part.

Medical Information and Authorization:

Does participant have any disabilities, handicaps, present injuries or limitation, allergies, hemophilia, heart condition, history or respiratory illness or other significant medical condition? ____ Yes ____ No, if yes please state condition _____

Emergency Authorization:

I _____ (parent/guardian) of _____ (participant) hereby authorize AKKA staff acting in the capacity of activity supervisors or vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination or treatment.

In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I can not be reached, please contact the person identified on this form as the emergency contact Parent/Guardian's

Name: _____

Signature: _____

Date Signed: _____



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- ☯ Honesty in the Heart
- ☯ Knowledge in the Mind
- ☯ Strength in the Body

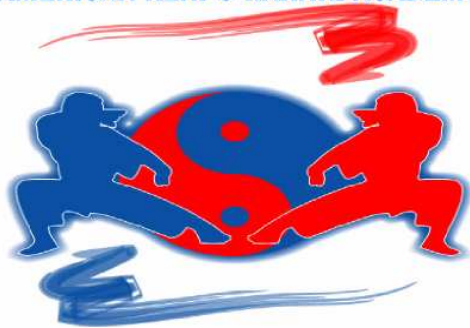
AKKA Karate Summer Camp



Experience the Ultimate Summer Camp

www.akkaolathe.org





Overview

Is your child tired of the same old summer camp?

Has your child wanted to try karate?

Do you want your child to continue learning during the summer and enjoy it?

AKKA Karate Summer Camp is the ultimate experience for your child.

At AKKA Karate Summer Camp your child can learn self defense and gain focus, confidence, self-discipline and other character building skills. We not only focus on karate but on having fun, team building, crafts, life skills, seminars, and more by having several daily activities and weekly themes.

Highlights

- Weekly Sessions
 - 6 weekly sessions
 - Starting Monday, June 7, 2010
 - Ending Friday, July 30, 2010
- Camp Hours/ Ages
 - 7 am - 6 pm
 - Monday - Friday
 - Kindergarten - 13 years of age
 - You supply sack lunches
- Activities
 - Karate classes
 - Weekly field trips(weather permitting)
 - Games, character building skills
 - Buddy Day every Friday
 - Special Celebrations



AKKA 2010 Summer Camp Registration

Child's Information

Name: _____
 Age: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Home Phone: _____

Parent(s) Information

Mother's Name: _____
 Employer: _____
 Work Phone: _____ Cell Phone: _____
 E-mail Address: _____
 Father's Name: _____
 Employer: _____
 Work Phone: _____ Cell Phone: _____
 E-mail Address: _____

Sessions:

Please select weekly sessions your child will be attending

Weekly Sessions

June 7 - June 11	
June 14 - June 18	
June 28 - July 2	

Weekly Sessions

July 5 - July 9	
July 19 - July 23	
July 26 - July 30	

Fees:

Tuition: \$175 per week x _____ total number of week \$ _____

- Payments are due on Monday for the current week's camp

Activity Fee: Included in the tuition fee

Total Cost for Camp: \$ _____

Deposit: \$75 per week x _____ total number of weeks \$ _____

- Deposit is due by May 22, 2010
- Weekly deposit will reserve your child's space and applied to the weekly tuition
- Weekly amount due less deposit \$100

Please complete both sides of this form