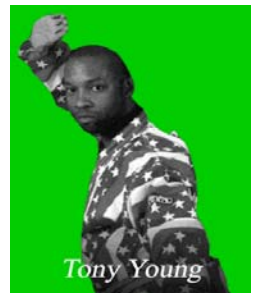


WORLD CHAMPION TONY YOUNG
ALL-STAR KARATE ACADEMY

6703 Shannon Parkway, Suite 6, Union City, Georgia 30291
404-763-8939 ~ 770-964-5138 (Fax) ~ www.tonyyoungkarate.com



**SUPER SUMMER KARATE/FITNESS CAMP
APPLICATION**

Child's Name: _____ Age: _____

Address: _____

New Student: _____

Returned Student: _____

Birth Date: _____

Male/Female _____

Telephone(s) _____

Known Allergies: _____

Medicines: _____

Handicap/Disabilities: _____

Comments: _____

Parent(s) Name: _____

Email: _____

Emergency Contact & Number: _____

**WORLD CHAMPION TONY YOUNG
TONY YOUNG ALL-STAR KARATE ACADEMY**

**PARENTS OR GUARDIANS
RELEASE AND INDEMNITY AGREEMENT
FOR A MINOR CHILD TO PARTICIPATE IN THE
TONY YOUNG ALL-STAR KARATE/FITNESS SUMMER CAMP**

I/We, the undersigned, consent for my/our minor child

_____ to participate in
Name of Child (Please Print)

The Tony Young All-Star Super Summer Karate/Fitness Camp that includes, but is not limited to, Karate/Kickboxing/Tae Bo classes, fitness challenges, games, sports and other creative activities taught by Mr. Tony Young and/or Tony Young All-Star Enterprises, Inc., instructors, staff and student instructors.

I/We do hereby release, acquit and discharge Mr. Tony Young and Tony Young All-Star Enterprises, agents and employees, from any and all claims and demands, actions and causes of action, damages, costs, loss of services, expenses and compensation, on account of or in any way occurring out of any personal injuries suffered by my/our minor child/ren and damage resulting from my/our minor child's/children's participation in the Karate/Fitness Camp and/or related activities.

I/We further promise to bind myself-ourselves jointly and severally, my/our heirs, administrators, and executors, to repay Tony Young All-Star Enterprises, Inc., its agents and employees, any and all sums of money that Tony Young All-Star Enterprises, Inc., its agents and employees may be compelled to pay to or on behalf of said minor child because of any personal injuries suffered while participating in said Karate and Karate related activities as well as any other creative activities/sports and games.

DATE:_____

PARENT/GUARDIAN'S NAME:_____ (Please Print)

PARENT/GUARDIAN'S ADDRESS:_____

TELEPHONE NUMBER (S):_____

Email:_____

EMERGENCY CONTACT & NUMBER:_____

SIGNATURE:_____