

# Federation 2007 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 Atlantic Pacific TSD Federation Black Belt 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 APTSD Federation, Karate World, Inc., 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