

2024 KKGCC Winter Camp Application

Friday 12th – Sunday 14th July
Applications close COB 28th June 2024.

Name:

Phone:

E mail:

Instructor Name:

Dojo:

Instructor Phone Number:

Age:

Grade:

Special dietary requirements:

Please let us know when you have paid.

The \$250 Camp fee must be paid entirely – please let us know the bank transfer/receipt details by email to admin@kyokushinkarategoldcoast.com.au

Direct deposit: Please put names and Camp as reference.

BSB: 484799 ACC: 071235966

Name: Kyokushin Karate Gold Coast Inc.

Student signature: _____ Parent/Guardian: _____

I, _____, signed above am the student / act as Parent/Guardian of the student named, _____, give my permission for him/her to participate in the 2024 Winter Camp as organised by Kyokushin Karate Gold Coast Inc.

I assume full responsibility for any and all damages, bodily injuries, death or losses of any kind that may occur to the above student whilst participating in this Camp. I agree to waive all claims and forever release the organisers of said event.

I also give permission for the organisers or representative to capture any photographic or video images to be used, at its sole discretion, for advertising or promotional purposes.