



Wyllie Taekwondo Australia

[www.wyllietkd.com](http://www.wyllietkd.com)  
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# HOLIDAY CAMP REGISTRATION FORM

## STUDENT DETAILS:

Name			
DOB		Gender	
Can we use your photo on the WTA website?	Yes / No	Current Belt	
Email Address			
Medical Conditions			

## PARENT / GUARDIAN DETAILS:

Name			
Relationship		Contact #	

Please select which date / camp you will be attending:

CAMP 1	CAMP 2	BEFORE CAMP CARE	
<input type="checkbox"/> July 5 <sup>th</sup>	<input type="checkbox"/> July 10 <sup>th</sup>	<input type="checkbox"/> 1 Day \$15	CAMP \$ _____
<input type="checkbox"/> July 6 <sup>th</sup>	<input type="checkbox"/> July 11 <sup>th</sup>	<input type="checkbox"/> 2 Days \$30	CARE \$ _____
<input type="checkbox"/> July 7 <sup>th</sup>	<input type="checkbox"/> July 12 <sup>th</sup>	<input type="checkbox"/> 3 Days \$45	TOTAL \$ _____

<b>VENUE:</b>	Wyllie Taekwondo HQ, Cnr Peshurst Street and Oakville Road, Willoughby (above the Post Office)
<b>TIME:</b>	10am – 4.00pm (doors open at 9.45am). Day 1 registration at 9.30am.
<b>COST:</b>	1 day @ \$70 / 2 days @ \$130 / 3 days (full Camp) @ \$180 Family Discount Available
<b>BEFORE CAMP SUPERVISION is available from 8.30am at a cost of \$15 per day</b>	
<b>Please bring WATER, MORNING TEA AND LUNCH. Participants should wear their Wyllie Taekwondo uniform or loose, comfortable clothing. No footwear is required.</b>	

I, (student name) \_\_\_\_\_ confirm that I have paid the fee. As I understand that an injury is a possible consequence of participation, I agree not to hold the organisers responsible for any personal injury or damage to personal property I may incur during my attendance and participation in this Camp. I also undertake to stay on the school grounds throughout the training day/s.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, \_\_\_\_\_ am the parent/guardian of the above named participant who is between the ages of 5 and 18 years. I allow him / her to take part in the Camp and have explained to him / her the above conditions governing their participation. I agree on his / her behalf of these conditions.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_