

2020 Northeast APTSDF Black Belt Camp May 29th, 30th, & 31st

Date / Time:	Friday 5/29, Saturday, 5/30 & Sunday, 5/31, check-in is 4pm to 5pm
Where:	Springfield College 263 Alden Street, Springfield, Massachusetts Phone 1---413-748-5287
Participant Fees:	\$175.00 (Early Bird) for Black Belt Camp (by May 8th) after 5/8 to 5/15 - \$185.00 (final deadline is 5/15/20) Parents of testing students: You may stay the weekend and enjoy the amenities and surroundings for as little as <u>\$145.00</u> as long as you are willing to act as a chaperone.
Equipment:	Traditional White Uniform & Belt, Sparring Gear, Staff, Practice Knife, Practice Sword (E & Sam Dan) Shorts, T-Shirts, Jeans, Sneakers, Sleeping Bag or Bed Linens, Pillow, Towels.etc. See your instructor if question on what weapons to bring.
Registration:	PRE REGISTER -Early Bird Reg Fee must be received no later than 5/8/20
Information:	Int. Master Jason Duva – Northeast Regional Director Camp Manager/Sr. Int. Master Christian Klacko Atlantic-Pacific Tang Soo Do Federation. 770-614-0006

To Register Complete Entry Form Below, cut on dotted line and return with your fee made payable to:

Atlantic Pacific Tang Soo Do Federation
Mail To:
APTSDF PO Box 3225, Suwanee, GA 30024

2020 NE Black Belt Camp
May 29th, 30th, & 31st
Official Registration

NAME: _____ AGE: _____ M/F _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

BELT RANK _____ INSTRUCTOR _____

SCHOOL NAME: _____ SCHOOL ADDRESS: _____

Payment Amount: Camp Fee (Early Bird Registration Fee Must be received by 5/8/20) for early bird \$175.00 fee (Made payable to APTSDF. After 5/8/20 \$185.00. Final registration date is 5/15/20)

Please make sure there is a separate registration form and emergency info sheet for each participant including chaperones. Absolutely No Refunds Whatsoever!

LIABILITY WAIVER

I hereby submit my application for registration in the 2020 APTSDF NE Federation Black Belt Camp. I agree to waive all claims against any and all persons, The Atlantic Pacific Tang Soo Do Federation, Springfield College, Karate World, Inc. and their officers and agents, for any injuries I may sustain related to said camp. I also assume full responsibility for all my actions in connection with said camp. I understand that the Atlantic Pacific Tang Soo Do Federation may use any pictures of me participating in said camp.

Entrant Signature _____ Date _____

Guardian Signature _____ Date _____

(Must be signed by guardian if entrant is under 18)

*****Note: All participants MUST attach a completed camp emergency information sheet*****

2020 Northeast APTSDF Black Belt Camp General Info Sheet

Who: All eligible APTSDF Federation members

Note: Parents are welcome to join us if they are willing to work as chaperones.

When: May 29th, 30th, & 31st

Camp Check-in: Between 4 pm and 5 pm on Friday, May 29th

Camp Check-out: At 12 noon on Sunday, May 31st, 2020

Camp Director: Int. Master Jason Duva, Northeast Regional Director

Camp Manager: Sr. Int. Master Christian Klacko, Cambridge Tang Soo Do

Where: Springfield College

Address: 263 Alden Street, Springfield, Massachusetts 01109

Phone Toll-free 1-413-748-5287

Camp Agenda: TBA

What to Bring: The following list is by no means complete. Pack whatever you feel you need to bring to be comfortable for two full days.

1. Pillow (if you want to bring your own)
2. Linen (bed and pillow + blanket)
3. Towels
4. Toilet Kit
5. 1 to 2 uniforms
6. Several T-shirts
7. Couple pairs of pants and least one pair of shorts
8. Sneakers
9. Sun Screen
10. Personal Water Bottle
11. Flash Light
12. Personal Medicine (if applicable)
13. Personal Snacks and Beverages
14. Weapons (staff, sword, knife - See your instructor on what weapons to bring.)
15. Light jacket (waterproof in case of rain)
16. Socks and underwear
17. Notebook and pen or pencil
18. Your Federation Student Handbook
19. Clothes hanger(s)
20. Your Federation CIT Program Manual if instructor or trainee (Jyo Kyo)

APTSDF

2020 NE 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 of North Georgia, Inc., successors, Camp Staff, my own studio, my own instructor, or Springfield College for any and all damages which may be sustained by me.

Student (Parent if under 18 years of age) _____
Date