

WORLD YOSHUKAI KARATE KOBUDO ORGANIZATION  
SUMMER CAMP – LAKEPOINT RESORT, EUFAULA, AL  
APPLICATION AND RELEASE FORM  
JUNE 22, 2024

NAME \_\_\_\_\_ INSTRUCTOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
AGE \_\_\_\_\_ RANK \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

One person \$80 \_\_\_\_\_ Two in the family \$110 \_\_\_\_\_ Three or more \$130 \_\_\_\_\_

How many family members will be with you that are not signed up for the workout and will be eating lunch with us? \_\_\_\_\_ THERE IS NO CHARGE FOR FAMILY MEMBERS TO EAT. THE ABOVE COST IS FOR THE STUDENTS WORKING OUT

**YOU WILL HAVE TO BE PRE-REGISTERED BY JUNE 14<sup>TH</sup> SO THAT WE CAN PREPARE FOR THE AMOUNT OF FOOD THAT WILL BE NEEDED. PLEASE MAIL YOUR APPLICATION AND CHECK TO: WORLD YOSHUKAI KARATE KOBUDO ORGANIZATION, 1791 ROSS CLARK CIRCLE SE, DOTHAN, AL 36301 OR YOU CAN REGISTER ON-LINE AT [WWW.WYKKO.COM](http://WWW.WYKKO.COM). PLEASE CALL 334-794-8238 IF YOU HAVE ANY QUESTIONS OR SPEAK WITH YOUR INSTRUCTOR.**

**IF REGISTERED AFTER JUNE 14<sup>TH</sup> THERE WILL BE A LATE FEE OF \$10**

**RELEASE**

I, the undersigned, being a student and member of the World Yoshukai Karate Kobudo Organization (WYKKO), hereby submit my application to participate in the activities offered at the Summer Workout at Lakepoint Resort, Eufaula, AL on June 22, 2024.

**I realize that this is a contact sport and the possibility exists that I may be injured. By my signature below, I hereby release WYKKO, their officers, Instructors, members and all those connected with this event from any responsibility should I be injured, either accidentally or intentionally, and that any liability for medical charges or any other charges relating to such injury, including death, will be assumed by me or, if under legal age, by my parents and/or guardians.**

I consent that any pictures furnished by me or any pictures, still or video, of me taken in connection with the activities can be used for publicity, promotion, or television showing, and waive compensation in regard, thereto.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**HOTEL RESERVATIONS MUST BE MADE BY MAY 21, 2024. Call 334-687-8011 and use the code 6522. Room rates on the website [www.wytko.com](http://www.wytko.com)**

