ICMAC Kung Fu Camp Registration Form
Blue Ridge, North Carolina, July 22-28, 2017

(Please Print Clearly - All Fields Required)

Last Name _____ MI ____ First Name _____

Gender M/F _____ Birthdate & year_____ Weight_____ Cell Phone_____

Home Address _____ City/State/Zip_____

Enter Email _____

T-shirt size (we will pre-order shirts) @ $25: S_____ M_____ L_____ XL_____ 2XL_____

Emergency contact (Name & Phone) _____

Registration fees include:
Morning and afternoon training sessions with your choice of teachers
Early morning stretching and Qigong sessions
Evening lectures/activities
6 nights lodging in a rural cabin-style setting
17 meals
Free access to swimming pool, athletic fields, hiking trails, basketball and tennis courts, exercise room, and more.
Camp schedule subject to change.

Registration fee: $975 if received by April 20, 2017
Late fee: add $100 if received after April 20, 2017

Payment methods (check one):
_____ Pay in full by check [payable to ICMAC] by April 20, 2017
_____ Pay 50% deposit by check & balance by check (mail-in) by April 20, 2017 or in cash on site

NOTE: Registration fees are not refundable. There is no ATM on site. If you are paying by cash on site, please make arrangements in advance. We cannot accept checks or credit cards on site.

I_____the undersigned, knowingly and voluntarily submit my registration for the ICMAC Kung Fu Camp, owned by Alipes LLC (hereafter referred to as "the Camp"). I certify that I am in good health and assume all risk of physical and mental injuries, disabilities, and losses that may result from or in connection with my participation in the Camp. Acting for myself, heirs, personal representatives, and assignees, I hereby release the International Chinese Martial Arts Championship (ICMAC) Camp, Alipes, the YMCA Blue Ridge Assembly, its agents, officers, representatives, sponsors, volunteers, and all other related members from all claims, actions, suits, and controversies at law by reason of a matter or cause sustained by me as a result of or in connection with my participation in the Camp. I understand that participation in the Camp, especially but not limited to forms practice, weapons practice, and reaction skills , entails a risk of injury, and I assume full responsibility for my actions intentional or otherwise. I fully understand that any medical attention or treatment afforded to me on site by the Camp will be of a first-aid nature only, and I release its agents, officers, representatives sponsors, volunteers, and other related members and entities from any liability from such aid. I consent that any pictures or video furnished by me or taken of me at the Camp can be used for publicity, promotion, or media showing now or in the future and I waive compensation in regards thereto. I have read and fully understand the rules, regulations, and general information published by the Camp and agree with them in their entirety. I understand that I may be dismissed from the Camp for unsportsmanlike conduct without refund of any fees. I have read and fully understand the above waiver.

_____ **DATE** _____

SIGNATURE **(or Parent/Legal Guardian if participant is under 18)**

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Send **signed** entry form and **payment** to **ICMAC Camp Headquarters**
2519 McMullen-Booth Rd. #511 Clearwater, Fl 33761 USA | Phone 1-727-791-8207
www.kungfuchampionship.com | nick.scrima@kungfuchampionship.com