

2010



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BLACK BELT CAMP – LITTLE ROCK

AR 4-H CENTER: July 29th (Thursday) – August 1st (Sunday)

First Line Up: 4:00pm July 29th Check-out Time: 10:00am August 1st

ATA# _____ Expiration Date: _____

Name: _____

Address: _____

City, State, Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

School Owner's Name: _____

Senior Instructor (If Different): _____

E-mail address (for contact) _____

This form must be received at HQ no later than July 10th

Rooming Request _____ (Note: Up to 4 people may be assigned per room)

I am driving

IF FLYING: HQ staff will pick you up at the airport and return you there on the last day of camp. If you book a flight that requires you to be at the airport before the 10:00am dismissal time you are responsible for your own transportation to the airport! See page 3 for more details regarding transportation after camp.

Arrival Date: _____ Arrival Time: _____ Hotel Name: _____

Flight #: _____ Airline: _____ Hotel Phone: _____

Departure Date: _____ Departure Time: _____

Flight #: _____ Airline: _____

QUESTIONS: Call Mrs. Mulford at **ext. 2259** or email: ataevents@ataonline.com

T-Shirt Size:	S	M	L	XL	2XL	3X
Pants Size:	S	M	L	XL	2X	

Circle All Appropriate Items:

Camp Fee:	\$499.00	Early Bird Special - Good Thru Dec. 31st 2009
Camp Fee:	\$599.00	(Applications must be received with deposit or it is considered Late)
Camp Fee:	\$699.00	(For all applications received after June 1 st – no exceptions)

Recertification? Yes _____ No _____ \$50 (add to camp fee, **fill out top of page #2**)

Mid-Term? Yes _____ No _____ 1st Degree - \$50 (add to camp fee)

2nd Degree - \$50 (add to camp fee)

3rd Degree - \$100 (add to camp fee)

4th Degree - \$135 (add to camp fee)

5th Degree - 165 (add to camp fee)

Level 3 Certification with Suit: Yes _____ No _____ \$524 (see Level 3 form, **fill out page 2**)

Level 3 Certification with **NO** Suit Yes _____ No _____ \$374 (see Level 3 form, **fill out page 2**)

(There will be **NO** level 1 or level 2 certifications available)

GRAND TOTAL \$ _____ (*Deposit should be half of grand total*)

Deposit \$ _____ (*\$250.00 min.*)

Balance \$ _____ (*Balance must be paid in full at check-in*)

Credit Card Info: Circle One: Master Card Visa Discover American Express

Name On Card: _____

Card Number _____ Exp Date _____ CID# _____ (Back of card)

(Balance will be charged to this Credit Card on day of Check-in unless prior arrangements have been made with Mrs. Mulford)

A \$50.00 cancellation fee will be deducted from all refunds or credits.

\$225.00 will be deducted from the refund/credit when ATA is not notified of cancellation 8-days prior to camp

All Pages must be returned with application

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**MANDATORY SECTION FOR LEVEL 3 AND RECERT APPLICANTS
BACK GROUND CHECK**

Social Security Number: _____ County Living/Lived in: _____
Other Name (Maiden, or Change of Name) _____

Suit Information Level 3

1. <u> </u> NO SUIT (<u>pay the “No Suit” fee found on page 1</u>). I will purchase my suit later at the cost stated at the time of purchase.	2. <u> </u> WITH SUIT (<u>pay the “With Suit” fee found on page 1</u>). I will purchase my suit now at the cost stated on page 1 of this application.
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Level 3 Certification Package No/Suit includes: Letter, certificate, tie, patch, and bars.

Level 3 Certification Package W/Suit includes: Letter, certificate, tie, patch, bars, and suit.

Name: _____ Gender _____ ATA# _____ Rank _____
Certification Camp Date/City/State: _____
School Owner’s Name: _____ School # _____

MEN’S BLAZER – Available in listed sizes only!

Regular	36	37	38	39	40	41	42	43	44	46	48	50
Short	36	37	38	39	40	41	42	43	44	46		
Long			38	39	40	41	42	43	44	46	48	50
X-Long					40		42		44	46	48	50

MEN’S SLACK’S – Available in listed sizes only!

Regular	28	29	30	31	32	33	34	35	36	38	40	42	44	46	48
Long					32	33	34	35	36	38	40	42	44	46	48

WOMEN’S BLAZER

4	6	8	10	12	14	16	18	20	22	24
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CHOOSE JUST ONE: WOMEN’S SKIRT _____ Or WOMEN’S PANTS _____

\$65.00 Extra if you want both! Add fee to total due on Page 1 of this application

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Black Belt Camp 2010:

ROOM CHECK-IN: 1:00PM (Thursday)
FIRST LINE UP: 4:00PM (Thursday)
CHECKOUT TIME: 10:00AM (Sunday)

Campers will be staying at the C.A. Vines Arkansas 4-H Center (*1st Meal will be Dinner – Plan accordingly*)
(www.arkansas4hcenter.org)

Camp Hotel (If you fly in the day before camp): Official ATA Camp Hotel is:

Baymont Inn
501.562.6667

6100 Mitchell Dr. (off I-30 and Geyer Springs). You are responsible for your own transportation to your hotel.

On your first day of camp you will be picked up from the hotel by ATA staff and taken to the 4-H Center, and returned to either the hotel or airport on the last day of camp, by ATA staff.

If you stay at a hotel other than the Baymont Inn you must get back to the airport for transportation to the 4-H Center on the first day of camp.

Other Hotel options:

Double Tree Hotel (Downtown Little Rock) 800.937.2789 (Airport Shuttle available)
Holiday Inn Express Airport: 501.490.4000

Transportation (if you fly in the day of camp): ATA Headquarters will arrange transportation to the 4-H Center the first day of camp from the airport. At the airport we will meet in the baggage claim area. Please wear something ATA so we can recognize you. We will also take campers back to the airport or hotel the last day of camp.

Transportation to the airport on the last day of camp: Transportation will begin approx. 10:30AM and continue until we get everyone to the airport. If you book a flight that requires you to be at the airport before the 10:00AM dismissal time, you are responsible for your own transportation to the airport! It is a 45-min to 1-hour ride to the airport from the 4-H Center.

Minimum Equipment List (as of 08/12/2009 subject to change – check with Training Division 2-weeks before camp):

3-pairs of BLACK sweat/running pants
Athletic shoes (NO open toed shoes, sandals, etc.)
2-Bahng Mahng Ee's – Wood or Protech (Foam)
1 or 2 Do-Bok's (Clean, pressed and odor free)
Sparring Gear (Head, Foot, Hands, Chest, and Combat Bahng Mahng Ee)
Boxing Gear (hand wraps, bag gloves, forearm guards)

Please bring your own toiletries (towel, tooth brush, and other personal items). You may also bring a swimsuit.

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American Taekwondo Association – Event Waiver

NAME: _____ ATA # _____
 APPLICANTS AGE: _____ HOME PHONE: _____
 IN CASE OF EMERGENCY CONTACT: _____
 RELATIONSHIP: _____
 WORK PHONE: _____ HOME PHONE: _____

STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION

I am aware in signing this statement for participation in the ATA Black Belt Camp that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability for participation in the activity. If for any reason you question your ability to participate in the activity, please consult with the instructors prior to your participation. Please note that some activities are conducted in the out-of-doors so proper dress (rain gear, warm clothing, etc.) is essential to avoid exposure to the elements.

The Instructors of the course will take every reasonable precaution to minimize exposure to known risks, however, as a participant you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your instructor. Sponsoring agencies have the responsibility of providing a progression of appropriate activities, which lead to the experiences during the ATA Black Belt Camp.

I recognize that there is a significant element of risk in any adventure, sport, or activity. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that my family and I, including any minor children, are fully capable of participating in the activities.

I assume full responsibility for my family and myself, including any minor children, for bodily injury, death, loss of personal property and expense thereof, as a result of my family member(s) participating in the ATA Black Belt Camp.

EMERGENCY MEDICAL INFORMATION

YES NO Allergies to foods, drugs, insect bites, dust.

___ ___

YES NO Physical disabilities or conditions, which might limit your/child participation

___ ___ Please, identify them and your/their reactions.

YES NO If you/child are presently taking medication, please identify them

___ ___

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MEDICAL AUTHORIZATION

PARENT OR LEGAL GUARDIAN MUST SIGN FOR ALL PERSONS UNDER 18 YEARS OF AGE

I understand that health services will be available and that adult supervision will be provided. If an illness or injury develops, medical and/or hospital care will be provided and I will be notified as soon as possible. I will not hold liable the ATA, Hotel facility, Camp facility, or its employees for any injury or damage received by me or my child while he/she is being transported or is engaged in this activity. I understand and accept the above statement and further authorize each of the following:

A. The health history on the front is correct and the participant has my permission to engage in all program activities.

B. I grant permission to the attending physician and/or the attendant health service staff to employ such diagnostic procedures and medical treatment as deemed necessary.

C. I authorize medical care units to release medical record information to the health insurance carrier for the ATA to process claims.

D. I understand that I am financially responsible for charges not covered or paid by the ATA member insurance and hereby guarantee full payment to the attending physicians and or health care units.

Printed Name _____

Signature: _____ Date _____
(If 18 or under, your parent or guardian *must sign*)

Please Mail your application to: Attn: ATA Training Division
ATA International Headquarters
PO Box 193010
Little Rock, AR 72219

Or you may fax your completed application to: **501-565-1188**