

PAYMENT OPTION - REGISTRATION LEADERSHIP CAMP 2010

Send Leadership Camp Application to ATA HQ, PO Box 193010, Little Rock AR, 72219

Applicants Name - 2010 Leadership Camp: _____

Chosen Pkg: TKD ___ TKD/airfare ___ Spouse ___ Spouse/airfare ___ Child: ___ Child/airfare: ___

Balance due from page 1: \$ _____ via 12 monthly pmnts ___ 6 monthly pmnts ___ 1 payment ___

(Balance includes combined total via camp cost page 3 and extra items wanted from page 3, #4)

CHECK PAYMENTS: _____ COUPON BOOK

Name: _____ Signature _____

I choose to make equal 6 or 12 monthly installments to ATA HQ via check payments to Superior Credit Service (SCS) from the date of receipt of my Camp Registration Application, deposit, and this Payment Registration form. I understand SCS will send me a Coupon book detailing my payment schedule and the amount due on each payment.

DRAFT AUTHORIZATION - choose Credit Card drafts or EFT Bank Draft

Draft Authorization: I authorize Superior Credit Services to debit entries, to my account indicated, in equal 6 or 12 monthly installments based on "registration fees - balance due" listed on page one, for my ATA HQ 2010 Leadership Camp application.

Account Holders Name (as it appears on the account): _____

Account Holders Phone number: _____

Account Holders Address _____

City _____ State _____ Zip _____

Authorized Signature _____

Choose one Payment Date to be drafted each month:

___ 7th ___ 15th ___ 21st ___ 30th

Special Note - Credit Card Draft: Your payment will be processed the business day before when drafting date falls on a weekend or holiday.

_____ **CREDIT CARD DRAFT** ___ American Express ___ Visa ___ Mastercard ___ Discover

Date _____

Credit Card Expire Date _____

Account # _____

_____ **BANK DRAFT** ___ Checking ___ Savings

Routing # _____

Account # _____ Copy of voided check REQUIRED!

Bank Name: _____

Additional Information: _____

International Training Camp dates; August 19th - 22nd, 2010 = 3 nights stay
TKD camp participation is open to:

Color Belts & 1st through 8th degrees Black Belts, Ages 16 yrs and up

No minimum age for NON TKD participants - bring the whole family!

Camp Benefits (Subject to change): Semi-private Forms training, Master's workout, Special Guest, ATA Business Connections seminars (\$1000 value at no additional charge), Kidz'n Power Buddy Program, ATAFit Marketing Program, Leadership Points, Optional Mid-term and/or Recertification (see #4 below)

| | |
|------------------------|------------------------------------|
| Items to Bring: | Black work-out pants (2) |
| Toiletry Items | Dobok |
| Sunscreen | Athletic Shoes (Sneakers) |
| Combat Gloves | Hot weather clothing for free time |

1. Children's fees - non TKD participants: Complete pages 1 - 2 of this application, & send to ATA HQ.

0 - 3 years - \$0

4 - 17 yrs old \$55 @ child @ night

SPECIAL NOTES:

Ages 17 and under, must be accompanied by a parent or responsible adult!

Childrens fees only apply if the children share a room with the parents. Call ATA HQ Inst. Dept. if you have questions. Maximum in a room is 4: 2 adults & 2 children or 1 adult and 3 children.

2. Non Taekwondo Camper (adult- spouse, significant other, friend, etc...): Complete pages 1 - 2 of this application, & send to ATA HQ.

Double room rate.

\$600

cash or 12 Months @ \$50 per month

Single room rate

\$1200

cash or 12 Months @ \$100 per month

3. Taekwondo Camper: Complete pages 1 - 2 & 5 - 6 of this application, & send to ATA HQ

\$1800

cash or 12 months @ \$150 per month

Age requirement: 16 years old and up

Single or Double room

4. TKD Campers; Additional Items: Add to fees listed in #3 above.

Recert: \$50 (complete the information on page 1 for the mandatory background check!)

Midterms: 1st & 2nd \$50 3rd \$100 4th \$135 5th \$165 6th \$150

5. School Group Discounts (5 or more) - Savings from 10% to 25%

Call 866-282-8721 Ext. 2243 or 2271

6. Additional day(s) fees: Extra days must be paid in full prior to arrival!

Special Note: School group discounts do not apply to additional days.

You may stay before or after the original dates (Aug 19 - 22) of camp, for ATA group rates.

Contact Joe Murphy at Wilcox Travel to register and pay for extra days 315-445-2266 Ext. 212,

8:30 - 5:00 pm Eastern time. Single: \$304 per night, Double: \$345 per night, Children: see #1

Maximum of 2 beds in a room! Maximum in a room: 3 for adults & 4 for family with children!

Group All-Inclusive Package includes:

- * All meals and drinks (including alcoholic beverages - except for specialty wines)
- * Wireless Internet
- * 15% Group Discount towards a la carte spa treatments and services (does not apply to packages or couples services).
- * 50% Discount at the Moon Palace Punta Cana Jack Nicklaus design golf course. Cart rental is not mandatory but highly recommended. Equipment Rental fees depend on brand selected.
- * Non motorized water sports
- * Tennis Courts and Swimming Pools

A valid PASSPORT is required for EVERYONE wanting to go to the Dominican Republic. This includes babies traveling with you! Apply now. Do not wait!

FLIGHT INFORMATION:

You are able to purchase your tickets with your own agent or any other manner.

Moon Palace Resort is located in the city of Punta Cana, in the Dominican Republic

FLY INTO Punta Cana

The resort is about 20 - 30 minutes from the airport.

Do not fly into Santo Domingo, it is 3 hours away and an extra \$160 minimum in ground transportation costs

Wilcox Travel is the agency that HQ uses for Senior staff flight arrangements. Joe Murphy has been a great help since Leadership Camp 2007. We highly recommended him. Contact Mr. Murphy at 315-445-2266 Ext. 212, 8:30 - 5:00 pm Eastern time. Leave a message if necessary. He will call you back.

It is important that you remember that if you wish to take advantage of our group ground transportation, you are responsible for getting your CURRENT and CORRECT travel itinerary to ATA HQ BY July 16th. ATA HQ will not chase this information down. Please, be diligent and efficient in getting this information to us!

GROUND TRANSPORTATION

Between Airport and Resort

Our hotel group package includes round trip ground transportation between the airport and resort. You must get your travel itinerary to ATA HQ by July 16th, 2010. If HQ does not receive your CORRECT and up-to-date travel itinerary, you will not get the complimentary round trip transportation, transportation will become your own responsibility!

Remember this information when you arrive at the Airport.

1. You must pay the \$10 tourist fee at the airport, prior to departing the airport (fee is subject to change)
2. Your Hotel/resort name is: Moon Palace Resort, Punta Cana, Dominican Republic
3. Look for signs saying: ATA with kicker logo
4. Our transportation company name is: Connect Travel

YOU are responsible for getting your FLIGHT ITINERARY to ATA HQ by July 16th! If we do not have it you will be responsible for your own ground transportation.

American Taekwondo Association – Event Waiver

NAME: _____ ATA # _____

APPLICANTS AGE: _____ HOME PHONE# _____

ADDRESS: _____

IN CASE OF EMERGENCY CONTACT:

RELATIONSHIP: _____ HOME PHONE _____

WORK PHONE _____

STATEMENT OF UNDERSTANDING/MEDICAL INFORMATION

I am aware in signing this statement for participation in the ATA Leadership 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 participation. Please note that some activities are conducted in the out-of-doors so proper dress (rain gear, warm clothing) 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 rules and 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 Leadership 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 Leadership Camp.

EMERGENCY MEDICAL INFORMATION

YES NO Allergies to foods, drugs, insect bites, dust.
____ ____ Please, identify them and your/their reaction.

YES NO Physical disabilities or conditions, which might limit your/child participation.
____ ____ Please, identify them and your/their reaction.

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

PLEASE COMPLETE NEXT PAGE FOR MEDICAL RELEASE INFORMATION

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 parent or guardian must sign)