

Registration for Dr. Kidd's MMA Training Camp

184 Hidden Valley Rd. Kingsport, TN. 37663

PLEASE CHECK WHICH CAMP WEEK YOU WILL BE COMING

_____ June 4th - 8th 2012

_____ June 25th - 29th 2012

cost; \$125 per person

To register, send this form with a non refundable \$50 deposit. The remaining balance will be due 2 weeks before the camp starts. This form must be filled out in its entirety..

FIGHTER INFORMATION

Name; _____ - Age: _____

Address; _____

City, State, Zip; _____

Telephone number; _____

e-mail address; _____

EMERGENCY CONTACT

Name; _____

Relationship to fighter: _____

Home phone(_____) _____ cell phone (_____) _____

e-mail _____

MEDICAL INFORMATION (Note; if you are on medication and not of legal age you must have an adult with you.)

Last tetanus booster _____ / _____ / _____

Any allergic reactions? _____

If yes, please explain; _____

List any medications taken regularly; _____

These medications are taken for? _____ --

Does your doctor know you will be participating in this camp? ___ yes ___ no

Dr.s Name: _____ phone number _____

Insurance company; _____

Policy # _____

List any other health issues that might be pertinent to engaging in this camp. (Use back side if needed)

In case of a medical emergency, I hereby give permission to the physicians contacted by the camp to hospitalize and secure treatment for my child (named as above) including ordering injections, anesthesia, surgery, etc. I will not hold the camp or its staff liable in any way for any injuries incurred by me or my child while he is at the Camp.

Parents/guardian signature _____ --

Date _____ / _____ / _____