



Karate College 2024

P. O. Box 402

Christiansburg VA 24068

2024 Application \$189

(Name) (Age) (Phone number)

(E-mail address)

(Street address) (Apartment or P. O. Box number)

(City) (State) (Zipcode)

NOTE:

All participants must complete the application form and sign the waiver.
Pay \$89 down and \$100 at check in, Thursday June 27 5-7 pm.
\$_____enclosed.

___ I'll be attending the Kid's Camp
Ages 6-12. \$_____enclosed.

Lodging: Radford Quality Inn (540)639-3000, The Super 8 (540) 731-9355,
Comfort Inn (540) 639-3333, Tru by Hilton 540-744-1400
Ask for Karate College Discount.
Dorm rooms available on campus, call: (540) 831-5800

Note: Please make all checks/money orders payable to: Karate College 2024.
Mail applications and fees to: Karate College, P. O. Box 402, Christiansburg VA 24068.
For more information, call (540) 267-6091

Waiver 2024

I have had previous martial arts instruction, and I understand that practice in the Karate College 2024 (June 27-29) may be dangerous and that, by participating in this program, I maybe seriously injured. I freely waive all rights to Beasley Martial Arts LLC, Dr. Jerry Beasley, the instructors, and staff of Karate College 2024, and to Radford Recreation Center.

_____(initials). I have accident and/or medical insurance to cover any injury that I might sustain; _____(initials) therefore, in return for admission to the camp, I forever give up any rights against Beasley Martial Arts LLC, Dr. Jerry Beasley, Radford Recreation Center, and Karate College 2024 promoters, instructors, and staff. My signature is proof of my intention and understanding of this policy.

(Signature of participant) (Age) (Date)

(Name of parent or legal guardian if participant is under age 18 years)

(Signature of parent or guardian) (Date)