



Karate College 2025

P. O. Box 402
Christiansburg VA 24068

2025 Application

\$179 Before June 1st | \$189 After June 1st

(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 26 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.

Note: Please make all checks/money orders payable to: Karate College 2025.
Mail applications and fees to: Karate College, P. O. Box 402, Christiansburg VA 24068.
For more information, call (540) 267-6091

Waiver 2025

I have had previous martial arts instruction, and I understand that practice in the Karate College 2025 (June 26-28) 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 2025, 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 2025 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)