

**TAEKWONDO Camp**  
**Monday, June 22 - Friday, June 26, 2026**  
**3:30 – 5:00 p.m. - \$65 per individual**  
Must have completed 1st through 6<sup>th</sup> grades.

Name of Participant: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address: \_\_\_\_\_ City, Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ 2<sup>nd</sup> Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**RELEASE**

I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, a child under the age of eighteen (18) and I hereby give my permission for said instruction from the Bosque Arts Center and agree to hold the Arts Center or instructors harmless from any injuries arising out of said instruction, other than injuries caused by gross negligence of the Bosque Arts Center. I understand that photos may be taken during the event for publicity. In the event of an accident and/or illness, I authorize the Bosque Arts Center or one of its employees or the instructor to seek medical attention and I will assume all expenses incurred.

Special instructions: \_\_\_\_\_

(nose bleeds, allergies, physical disorder, etc.)

\_\_\_\_\_  
Parent/Guardian Signature Date

Emergency number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Publicity photographs including my child participating in activities may be used: YES \_\_\_ NO \_\_\_**

**Bosque Arts Center**  
P.O. Box 373, 215 College Hill Drive  
Clifton, Texas 76634, 254/675-3724  
Email: office@bosqueartscenter.org

CHILDREN SHOULD WEAR LOOSE SHORTS AND SHIRTS SUITABLE FOR COMFORTABLE KICKING AND PUNCHING.

Uniforms are not required but are available for purchase separately from Wilkinson's Martial Arts for \$75 plus tax. Contact: 281-883-7396