



# K ACADEMY

## REGISTRATION FORM



### Personal Information

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Shoe Size \_\_\_\_\_

Shirt Size S M L XL XXL Short Size S M L XL XXL

minimum age 35

### Payment

Amount Due \$10,000

Payment Method

Check  Visa  MC

\_\_\_\_\_

Card Number

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

Signature

\_\_\_\_\_

### Waiver (read and agree to information on the right and fill out form below)

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Health Plan Name \_\_\_\_\_

Health Plan ID# \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Person Phone \_\_\_\_\_

I hereby hold K Academy, its staff and Duke University free from all liability should any injury or illness befall me while I am in attendance at K Academy. I also authorize the coaches and staff of K Academy to secure medical treatment for me should I not be able to request such treatment for myself. I have no knowledge of any existing physical impairment that would affect my participation in this program. In addition, I authorize K Academy to use any photographs of me taken during the program for use in publicizing and advertising future K Academies. A \$2,000 non-refundable deposit will be kept if the camper cannot attend. If the camper cannot attend and their space is not able to be filled by May 1, 2017, the entire payment of \$10,000 will be non-refundable.