REGION 114 BLACK BELT CAMP — February 19-21, 2027

Send Separate Checks:
▪ **Camp Fee** | ▪ **Testing Fee**

All checks made payable to ATA
Postmark by Feb. 5 or $50 late fee will be charged.

CAMP INFORMATION

Location:	Ingham Okoboji Lutheran Bible Camp, 1203 Inwan Street, Milford, IA 51351
Registration:	Registration forms and fee information attached Registration must be postmarked by February 5 otherwise a $50 late fee will be charged.
Weapon Chevron Certification:	Friday, February 19 1:00–3:30 Levels 1, 2 and 3 Bring weapons according to certification level
Masters' Workout:	Friday, February 19 1:00–3:00 (Masters Only)
Rank Testing:	Friday, February 19 5:00 pm prior to official bow in for the weekend camp
Check In:	Friday, February 19 11:00 am to 6:00 pm
Start Time:	Friday, February 19 7:00 pm EAT DINNER PRIOR TO ARRIVING AT CAMP – NO FRIDAY EVENING MEAL SERVED

Prior to the Start of Camp

Send your camp registration form and camp fee to Grand Master Larry Hoover, 2605 E Slaten Park Circle, Sioux Falls, SD 57103. Camp starts at 7:00 pm on Friday and will conclude Saturday evening after the banquet. As in the past campers are welcome to stay over Saturday night, please see registration form for cost; continental breakfast will be available Sunday morning. We are enforcing an age limit for campers so all instructors can get the most out of camp. ALL CAMPERS MUST BE 12 YEARS OR OLDER NO EXCEPTIONS. Instructors are reminded they are in charge of their students under the age of 18. We will have our Annual Banquet Saturday evening. The dress will be casual dress sweats.

HIGH RANK TESTING

Testing will be Friday, February 19 at 5:00 pm prior to official bow in for the weekend camp. Register online at www.ataregion114.com. All testing fees and midterm fees are to be sent postmarked by February 5 directly to Sr. Master Eric Rebnord c/o Larry Hoover, 2605 E Slaten Park Circle, Sioux Falls, SD 57103. An additional $50 will be added to the testing fee for anyone testing but not attending camp.
A separate testing check is required payable to ATA. If you have any questions regarding testing, please contact Sr. Master Rebnord at (605) 360-9553.

MASTERS' WORKOUT WITH CHIEF MASTER SKILES

Friday, February 19, 1:00-3:00 MASTERS ONLY – NO EXCEPTIONS

WEAPONS

This year we will be offering training specifically for:
☐ Black Belt Ssahng Nat Form | ☐ Black Belt Double Bahng Mahng Ee | ☐ Kummooyeh (Sword)
There will be a one-hour option to work on any weapon you choose. Come and get your specific questions answered?



☐ UNIFORM	☐ BLACK W/O PANTS	☐ ATA SHIRT	☐ ATA BELT	☐ SWEATS	☐ TOWELS	
☐ FULL GEAR	☐ SLEEPING BAG	☐ TOILETRIES	☐ PILLOW	☐ WARM CLOTHES	☐ PERSONAL ITEMS	☐ SNACKS

REGION 114'S 2027 OKOBOJI BLACK BELT CAMP
FEBRUARY 19-21, 2027

__ CAMP COST (FRI NIGHT LODGING & SATURDAY MEALS) $ 220.00

__ ADDT'L FAMILY MEMBER (FRI NIGHT LODGING & SAT MEALS) $ 145.00

__ CAMP COST (FRI & SAT NIGHT LODGING & SATURDAY MEALS) $ 245.00

__ ADDT'L FAMILY MEMBER (FRI & SAT NIGHT LODGING & SAT. MEALS) $ 170.00

__ **ADD ON:** THURSDAY NIGHT LODGING – NO MEALS + $ 25.00

__ **LATE FEE - REGISTRATIONS POSTMARKED AFTER 2/5/2027 $ 50.00**

TOTAL CAMP COST = $_____

Mail to: **Grand Master Larry Hoover,**
2605 E Slaten Park Circle, Sioux Falls, SD 57103
Please make all checks payable to ATA
Separate checks required for Camp Fee and Testing Fee

PLEASE PRINT OR TYPE: Incomplete Forms Will Not Be Accepted

NAME: _____
(Include Master Title if Applicable: Gr. Master | Sr. Master | Master)

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER (_____) _____ Cell: (_____) _____

MY INSTRUCTOR'S NAME: _____

ATA NUMBER: _____

RANK: _____ DATE OF RANK: _____

SEX: _____ AGE:_____ Must be 12 years of age, no exceptions

BIRTH DATE _____

EMAIL: _____

ALLERGIES: _____

_____
CAMPER'S NAME (PRINT OR TYPE)

_____
CAMPER'S SIGNATURE **DATE**

HOLD HARMLESS AND LIABILITY RELEASE AND WAIVER AGREEMENT

I, _____, have voluntarily submitted my application for registration in the Region 114's 2027 Okoboji Black Belt Camp. By submitting the application for registration, I certify that I am fully aware of and understand the inherent dangers in participating in activities involving taekwondo and other martial arts, and of the basic safety rules and procedures.

I am signing this Release in full knowledge that the Camp is, by its nature, a strenuous activity in an outdoor environment. I fully realize through my own past activity that taekwondo practice is a difficult physical activity which frequently includes strenuous exercises and body contact, along with associated dangers. I recognize in addition that any activity in an outdoor environment has its own potential dangers for which, with the taekwondo activity, I accept personal responsibility and absolve any other person or group.

I understand and agree that the organizers of the ATA Black Belt Camp, the ATA, the Camp officials, or any other Camp participant will not be responsible for my safety, nor will any of these parties or individuals serve as a guardian of my safety.

I understand and agree that neither this Camp, the organizers of the Camp, the ATA, the Camp directors, officials, their agents or assigns, or any other individual or entity associated with this Black Belt Camp or the ATA may be held liable in any way for any occurrence, or event in connection with this Black Belt Camp which may result in injury, death, or any and all damages to me or to my family, descendants, heirs or assigns.

I understand and agree that in consideration of being allowed to be a participant in this Black Belt Camp, I hereby personally assume any and all risks involved in connection with this Black Belt Camp; and furthermore, I release forever the aforementioned organizers of this Black Belt Camp, the ATA, the Camp directors and officials, their agents and assigns, and any other individual or entity associated with this Camp or the ATA, for any harm, injury or damage that may occur to me or befall me while I am a participant in this Black Belt Camp, including any and all risks connected therewith, whether foreseen or unforeseen, including any risks created and/or harm caused by any negligent act (excluding gross negligence or reckless behavior) or acts of any or all of the above-mentioned parties. Furthermore, I will hold harmless the above-mentioned parties from any claim by me, my family, my estate, my heirs, my personal representatives, or their assigns, arising out of my participation and being a participant in this Black Belt Camp.

I further state that I am of lawful age and legally competent to sign this agreement, and that my signing this agreement is my own free act (unless this is signed by parent or legal guardian). I also understand and agree that the terms herein are contractual, and they are not a mere recital or simply for information purposes.

I have read, understood and fully informed myself of the contents of this agreement. I assume my own responsibility for my physical condition and capability to perform under Black Belt Camp conditions.

_____ _____
Camper (Parent or Legal Guardian if appropriate) Date

TO BE SIGNED IF ABOVE IS EXECUTED BY PARENT OR LEGAL GUARDIAN

In consideration of the aforementioned activities, and as parent or legal guardian of the minor name above, I, on behalf of said Minor agree to indemnify and save harmless the organizers of the Black Belt Camp, the ATA, the Camp officials, directors, their agents or assigns, or other participants in the Camp, against any claim for damages, compensation or otherwise on the part of said minor or his/her heirs, executors or administrators and to reimburse or make good any loss or damages or costs that any of the above parties may have to pay if any litigation arises on account of any claims made by said minor or anyone in his/her behalf. Further, I release any claim or cause of action that I may personally have as parent or legal guardian resulting from any such injury or death to said minor.

_____ _____
Parent or Legal Guardian Date

If unable to attend camp email cancellation request to lhoover@sio.midco.net or call Mrs. Hoover at (605) 359- 2262