



2025 MPKC TOURNAMENT TEAM NATIONALS TRAINING CAMP

Saturday, June 28 - Sunday, June 29/2025



WHEN: Saturday June 28
Sunday June 29

FEES: \$100.00 (1st Child)
\$90.00 (2nd+ Child)

TIME: 9:00 AM - 5:00 PM

Deadline for Registration:

Thursday, June 26, 2025

MARK PINNER KARATE CLUBS

5484 Land O' Lakes Blvd.
Land O' Lakes, FL 34639



(813) 989-2692

CAMP CURRICULUM:

Specialized training, conditioning and preparation for competition at the 2025 AAU National Karate Championships

INSTRUCTORS:

Stephen Gallagher

Arion Nieves

JJ Yu-Robinson

TO ENROLL: *(See reverse for instructions)*

SCHEDULE *(Subject to Change)*

EARLY DROP OFF: 7:30 AM - 8:00 AM With Reservation / Call or text (813) 989-2692 at least 24 hours prior

REGULAR DROP OFF: 8:00 AM - 9:00 AM / Call or text (813) 989-2692 if child will be absent that day

CAMP: 9:00 AM - 5:00 PM

PICK UP: 5:00 PM - 6:00 PM / Call or text (813) 989-2692 if child will be picked up early that day

WHAT TO PACK DAILY *(Please write your child's name on everything that they bring to Camp)*

Children should arrive each day dressed in workout clothes (T-shirt, shorts, athletic shoes) and pack the following:

1. Karate Uniform and Competition Belt (Beginner / White Belt, Novice / Green Belt, Intermediate / Brown Belt, Advanced / Black Belt)
2. Sparring Equipment & Weapons
3. Change of clothes
4. Lunch *(Snacks provided)*
5. Water bottle *(Non-Spill)*
6. Towel

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TO ENROLL/CONFIRM YOUR REGISTRATION:

1. Pay Fees Online at <https://www.paypal.com/paypalme/markpinnerkarate> / Zelle (813) 989-2692 or Cash / Check to MPKC
2 Days (Saturday 6/28 - Sunday 6/29) \$100.00 Per Child / \$90.00 2nd Child From the same family= \$_____ Total
2. Submit completed Registration Form to Sensei Gallagher on or before Thursday, June 26, 2025
3. Be sure to include your child's name and requested day(s) i.e. "John Smith Team Training Camp" in the payment memo

CHILD'S NAME: _____ **GENDER** M F **AGE:** _____

AAU DIVISION: ___Beginner / White Belt ___Novice / Green Belt ___Intermediate / Brown Belt ___Advanced / Black Belt

INDIVIDUAL CATEGORIES: ___Kobudo (*Please circle weapon*) Bo Nunchaku Sai Tonfa Kama Eku
___Kata
___Kumite

TEAM CATEGORIES: ___Team Kobudo (*Please circle weapon*) Bo Nunchaku Sai Tonfa Kama Eku
___Team Kata
___Team Kumite
___Rotational Team Kumite

PLEASE CONTACT IN CASE OF AN EMERGENCY:

#1 Name: _____ Telephone: _____

#2 Name: _____ Telephone: _____

OTHER PERSONS AUTHORIZED BY PARENT/GUARDIAN TO PICK UP CHILD FROM CAMP:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

OTHER INFORMATION (*Medications, medical problems, food allergies etc*): _____

WAIVER / RELEASE:

Parent / Guardian recognizes the physical nature and possible risks of injury common to the practice of martial arts. Parent / Guardian also believes their child to be in good health and that they have no knowledge of any physical condition, injury or illness that would place their child at risk to participate in martial arts training or camp activities.

Therefore, Parent / Guardian hereby waives, releases, discharges and covenants not to sue Mark Pinner Karate Clubs / MPKC, and any Officers, Instructors, Employees, Agents and Assigns from any and all claims of liability, including losses, damages, exposure to COVID-19 virus and / or any other illness, all accidents and / or injuries, however caused, including negligence.

PARENT/GUARDIAN SIGNATURE: _____ **DATE SIGNED:** __/__/__

PRINTED NAME OF PARENT/GUARDIAN: _____

TELEPHONE: _____ **EMAIL ADDRESS:** _____