



Aikido Shimbokukai USA Summer Seminar June 28-30, 2019
hosted at Abiding Spirit Aikikai, Crystal Lake, IL

Registration Form

Name: _____

Address: _____

City/State/Zip _____

TEL Number: _____

Email Address: _____

Dojo / Affiliation / Rank: _____

Please check as applies:

Shimbokukai Member/Supporting Member All days EARLY REGISTRATION \$150 (until May 15)

Non-Member All days EARLY REGISTRATION \$175 (until May 15)

Shimbokukai Member/Supporting Member All days \$175

Shimbokukai Member/Supporting Member Friday only \$100

Shimbokukai Member/Supporting Member Saturday only \$100

Shimbokukai Member/Supporting Member Sunday only \$75

Non-Member All days \$200

Non-Member Friday only \$125

Non-Member Saturday only \$125

Non-Member Sunday only \$100

Friday Night Dinner \$20 (Nick's Pizza and Pub, beverages self-pay)

Saturday Night Dinner \$25 (Gourmet House, beverages self-pay)

Payment:

___ Check payable to "Aikido Shimbokukai"
(mail c/o Jiai Aikido, 980 Buenos Ave #1C San Diego, CA 92110)

___ Pay by Visa/Master Card (circle which):

Name on Card: _____

Number _____

Expiration Date _____ CVV Code _____

Billing Zip Code _____

___ Pay by PayPal (AikidoShimbokukai@gmail.com)

WAIVER:

Consent and Assumption of Risk Statement

In consideration for the privilege of participating in Aikido Shimbokukai (ASK) seminar classes, I, the undersigned, releases, acquits and forever discharges ASK and each of its officers, agents and employees of and from any and all claims, demands and causes of action which the undersigned may now or shall hereafter have or claim for on account of, or deriving in any manner from any injury to person or damage to property of any nature, arising out of participation in the martial arts classes and/or other activities herein described, or any activity or travel related thereto or attendance thereat. The obligations and undertakings herein expressed shall be binding upon the heirs, executors, administrators, representatives and assignees of the undersigned. I realize that the practice of martial arts contains an inherent risk of personal injury and I hereby assume that risk.

Printed Name _____

Signature _____ Date _____

Emergency Contact Name and TEL _____

