



2009 TENSHIN-KAI SUMMER KARATE & TAI CHI SEMINAR

This form must be filled out and returned in order to participate.

ATTENDEE'S NAME

DATE OF BIRTH

ADDRESS

HOME PHONE

ADDRESS

OTHER PHONE (PLEASE SPECIFY)

CITY STATE ZIP

RELATIONSHIP TO ATTENDEE

ANY MEDICAL CONDITIONS

FEES (cash only please):

Kids: \$70

Juniors/Adults: \$85

Parents: \$30

PARKING: \$5 per vehicle

I voluntarily agree to join the Tenshin-Kai Summer Karate and Tai Chi Seminar, aware that there is a certain risk of injury associated with Karate. I freely assume these risks and specifically agree to release T, it's owners, instructors, agents and members from responsibility or liability from any and all injuries caused by, or resulting from, my participation, whether such injury is caused by any negligence. I am aware that this is a legally binding contract and that by participating I am releasing legal rights and that this contract shall be binding to my heirs, successors and assigns.

SIGNATURE OF ATTENDEE OR PARENT/GUARDIAN IF ATTENDEE IS A MINOR

DATE