## **AIKIDO YUISHINKAI HONOLULU** KORETOSHI MARUYAMA SENSEI 2015 SEMINAR REGISTRATION FORM

I hereby apply for registration as a student of Aikido Yuishinkai Honolulu, and submit the following information:

## PLEASE PRINT

Name	FIRST NAME / GIVEN NAME		MIDDLE INITIAL
Street Address			
City	State	Zip Code	
Phone	Email (for member news/u	updates)	
Birth Date	Gender MALE	FEMALE Occupation	
n case of emergency call	NAME	Relationship	
Phone	Secondary Phone		
Doctor's Name	Phone		
Medical problems/allergies			

In consideration of acceptance of this application as a student to receive instruction in and to practice Aikido, I hereby for myself, my heirs, executors, administers and assigns, waive and release any and all rights and claims for damages which I might or could have against Aikido Yuishinkai Honolulu, its members, directors, chief instructor, dojo instructors, guest instructors and/or their heirs, executors, administrators, successors or assigns, for and by reason of any and all injuries suffered by me at any time during Aikido practice or demonstration in which I may participate.

I agree not to teach Aikido without permission of and proper certification from the Chief Instructor of Aikido Yuishinkai Honolulu.

I am in good health and do not have any medical condition which prevents me from practicing Aikido. In case of injury I authorize a doctor, emergency medical technician, or nurse to treat my injury and administer medicine.

## APPLICANT SIGNATURE Date

In case applicant is a minor, the undersigned parent(s) or guardian(s) hereby waives and releases all rights and claims on behalf of the minor.

Parent(s) or Guardian(s) Signature	Date	
For applicants under 18 years of age		
Print Name		

**SEMINAR FEE:** \$100 per Adult / \$50 per child Check to: Aikido Yuishinkai Honolulu 866 Kawaiahao Street Honolulu, HI 96813

Note: Dues and fees paid for Aikido training are due by start of event and will not be refunded. A charge of \$20.00 will be assessed each time the bank dishonors a check.