



A SPECIAL INVITATION FROM THE
Hombu Dojo Shorikan Dojo SMA



HOSTING A SERIES OF CLINICS
IN MARTIAL ARTS DICCIPLINE

Feb 8th – 9th

Registration Form:

Sponsored by:
SHORIKAN DOJO SMA



Presenting Mike Farrell, 8th Dan

Payment : *Check Cash Credit Card - Visa Master Card Pay Pal

Credit card # _____ CCV Code _____ Expiration Date _____

Amount \$ _____

Current ASMA membership - ASMA # or state applied _____ must show proof

Please Print:

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Office # _____ Cell # _____

Current Rank _____ System _____

Birth Date _____ Age _____ Email Address _____

Clinic Fees

Chose:

\$40 Non-ASMA

\$35 Non-ASMA Pre-register

\$35 ASMA Member

\$30 ASMA Member Pre-register

\$30 ASMA Family of 4 or more - Family _____

\$25 ASMA Family of 4 or more Pre-register – Family _____

You can also apply for this online: www.shorikandojo.com/storeandfee.htm

PLEASE READ THE WAIVER BELOW AND SIGN

Please Print Name:

I, _____ do hereby voluntarily submit my application for attendance and participation in the classes and activities at the Shorikan Dojo/ASMA Clinic, being held at Kelly Recreation Complex, and do hereby assume full responsibility for and all damages, injuries, or losses I may have sustain or that may occur, if any, while attending or participating, and I hereby, waive all claims against the Kelly Rec. Complex, ASMA, Shorikan Dojo, Instructors, individuals or otherwise for injuries that I might sustain.

I fully understand that any medical treatment given to me will be on a first aid treatment only, and further, I hereby release from any all liability any physician, nurse, paramedic, or other individual who renders treatment.

I consent to pictures furnished by me or any pictures, videos and films taken of me in connection with this summer camp can be used for publicity promotion, or television showing and I waive the compensation in regard thereto. I will not take any video pictures, film pictures or video streams of the actual events, classes or activities. The only pictures I will be able to take is still shot pictures, whether by digital or by film.

(This release and consent must be signed by parent or guardian if participant is under 18 years old.)

Please note my Physical and/ or mental problems: _____

Signature _____ Date _____

Parent/ Guardian _____ Date _____

Please send in Page 1 and Page 2 to address below with

Do not write in this box:

Notes :

RETURN To:
***Make Checks to: Shorikan Dojo**
Send Fee's and Application
SHORIKAN DOJO
4933 Log Cabin Dr.
Lakeland, Fl. 33810

www.shorikandojo.com/storeandfee.htm