Seminar Registration Form

Seminar: CAF Exam Committee Seminar

Dates: April 27 – 28, 2019

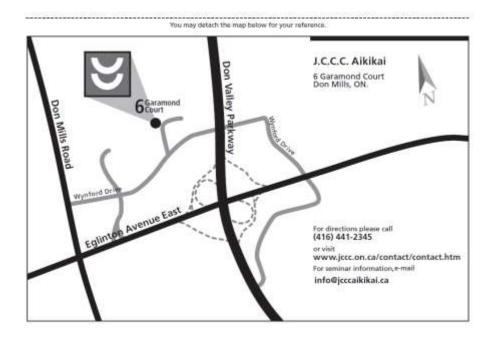
Location: JCCC Aikikai, 6 Garamond Court, Don Mills, Ontario

Instruction By: CAF Exam Committee Members and New Ontario Shidoins

PREPAYMENT FORM (use one form per registration)

Please return this form, the waiver, and your cheque – cheques should be payable to the JCCC Aikikai.

Family Name:	Given Name:	()M ()F	
Address:			
City:	Province/State:	Province/State:	
Postal Code:	Phone:	Phone:	
E-mail Address:			
Dojo:			
Rank:	Sensei:		
Are you a member of the Japanese Canac	dian Cultural Centre?: Yes No		
FEES: CHECK ONE BOX	REGISTERED		
Two Days	\$90 (Adult)/\$60	(Youth)	
Saturday	\$70 (Adult)/\$40		
Sunday	\$50 (Adult)/\$30	(Youth)	





Waiver Of Liability For Special Martial Arts Events

Event:		Date://
Name:	Given Name	
Address:Street, Apt.# (if applicable)	City	Postal Code
Telephone: ()	()	E-mail:
Date of Birth:///	Height:	Weight:
Name of Home Club:	Colour of	Belt (if applicable):
Medical History I acknowledge that by participating in this mental training and contact, and therefore which would impair my ability to participate medical history. (*Please provide details on Heart Ailment () Hernia () Fractures () Injuries () Bone Disease () Epilepsy ()	it is important to disclose in any way in the Mart	se to the JCCC any health impediment ial Arts Event. Set out below is my isary.)
Release of Liability I hereby make application to participate in the rules and regulations set by the JCCC in Canadian Cultural Centre, its directors, office and licensees from any and all claims, demind whatsoever arising out of or in connections whether relating to personal injury or dama from or at or in the premises of the JCCC or	n connection with the ex cers, employees, instruc- lands, actions, causes of with my participation in age to or loss of propert	vent. I hereby release the Japanese tors, members, volunteers and invitees action, or any other liability or obligation the Martial Arts Event of the JCCC, y or otherwise, whether going to or away
Signature of Applicant	Dat	e
If under the age of 18 years, the parent or signing below.	guardian of the applica	nt must consent to this application by
Signature of Parent or Guardian		·