

2009 AJJF Black Belt Seminar October 16-18 Sacramento, CA

(Please fill out one registration form for each person attending clinics)

Name: _____	AJJF Rank: _____
Street: _____	AJJF Number: _____ exp: _____
City / State / Zip: _____	Dojo: _____
Phone: _____	email: _____

Waiver and Release of Liability

In consideration of my participation in Black Belt Seminar and the efforts of the AJJF, Seidokan Jujitsu and their members, I, for myself and my successors and assignees, hereby release and discharge the instructors, the AJJF, Seidokan Jujitsu, and all of their officers, employees, agents and servants, of and from any and all claims, demands, and causes of action of whatsoever nature which I, my successors and assignees, ever may have against any of them from or on account of, by any reason of or arising in connection with Black Belt Seminar and my participation therein. I realize that the practice of martial arts contains an inherent risk of personal injury and I hereby assume that risk.

I am over 18 or I am the parent or legal guardian of the above named Seminar participant. I have read the release and agree accordingly.

(Signature required) X _____ Date: _____

Seminar Registration	Cost if Pre-Reg Before 10/01/09	Cost if Reg At Event	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	Amount
Weekend: Fri, Sat, Sun (includes t-shirt)	\$89	\$105	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	
One Day (Sat)	\$60	\$70		
One Day (Fri/Sun)	\$40	\$50		
Extra T-Shirt (must pre reg.)	\$15	n/a	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/>	
Dinner Saturday night	\$10		<input type="checkbox"/> Of course! <input type="checkbox"/> No	
Total				

AJJF MEMBERSHIP IS REQUIRED TO ATTEND SEMINAR

(Event only memberships - \$5 - are available)

Make checks payable to Seidokan Jujitsu. Any questions: 530-848-4337 (Keith) or 530-848-1635 (Diane)

Send Registration along with check to:

Seidokan Jujitsu
3017 9th Ave
Sacramento, CA 95817

Seminar Location:

4370 24th Street
Sacramento, CA 95822
(near Sacramento City College)