

## CSUN SKIF Kanazawa Kancho Seminar Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State and Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dojo: \_\_\_\_\_ Age: \_\_\_\_\_ Rank: \_\_\_\_\_

Dojo Instructor: \_\_\_\_\_

Check One:

Pre-registration	After May 15
Full Seminar \$130	Full Seminar \$150
One Day \$70	One Day \$80

**Dan testing requirements must be confirmed by Fujishima Hanshi and SKIF**

**Please make checks payable to *CSUN Karate Club* and mail to:**

**Steven Taback, MD**

**CSUN Karate Club**

**P.O. Box 206**

**3940 Laurel Canyon Boulevard**

**Studio City, CA 91604**

Amount enclosed: \_\_\_\_\_

**Waiver and Release of Liability:** In consideration of voluntary participation in the Seminar presented by the CSUN Karate Club on July 16 and 17, 2011, at California State University, Northridge, I hereby do waive, release, and forever discharge the CSUN Karate Club, ASREC Sports, Associated Students, Inc., California State University, Northridge, and their respective officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in this event. Moreover, I irrevocably waive, release and forever discharge Shotokan Karate International Federation and its respective officers, agents, employees, representatives, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in this event.

Printed Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_