

REGISTRATION FORM Laces Summer Camp 2017

complete name _____ ssn _____
 birth place _____ date _____ ☎ | 📠 _____
 address _____ city _____ zip _____ country _____

DECLARES

- s/he practises Aikido at dojo _____
 affiliated with _____ (specify the association)
- s/he is currently enrolled and insured (2016-2017)
- s/he holds the rank _____ ○ kyu ○ dan examiner _____ date (month/year) _____

S/he understands the potential risks associated with the Aikido practise and accepts them. S/he declares to be healthy and has no knowledge of having physical pathologies compromising the practice of aikido. S/he agrees that the organizers and instructors of the seminar are not responsible for the consequences of any event that may occur during class and inside the building where classes are held, including injury to persons and property, and thus agrees to release, discharge, indemnify, and hold harmless the organizers and instructors from any and all liability, claims, demands, and actions that may arise from physical or financial injury or harm to me, from my death, or from damage to my property in connection with, resulting from, related to, or arising as a result of her/his participation in the seminar. S/he further accepts all legal and financial responsibility for any damage, harm, or injury resulting from the Aikido practise.

WOULD LIKE TO ATTEND

full summer camp		under 26
Osawa Shihan	2nd part summer camp	
Sa & Su		same family members
Sa	Su	
Mo	Tu	
We	Th	
Fr	Sa	

- Osawa Shihan's party (Monday) _____
- Closing party (Friday) _____



Schools affiliated with Associazione di Cultura Tradizionale Giapponese
 Aikikai d'Italia - Ente Morale (D.P.R. luglio 1978 n. 528)

www.aikidosummerncamp.com

date _____ signature _____