

1st Annual Kenshokan Iaido
 Peterborough Koryu Seminar (MJER)
 Saturday, October 13 & Sunday, October 14, 2012
 Registration Form and Waiver

Instructors: Goyo Ohmi-sensei (7D, renshi) & Kim Taylor-sensei (7D, renshi)

Location: Peterborough Collegiate Vocational School, 201 McDonnell Street, Peterborough, ON
 Times: Saturday and Sunday, 9:00-5:00. (Doors open by 9:00; close at 5:00)

Personal Information (please print):

Last Name	First Name	Initial
Address		City
Phone	E-mail	
Rank	Dojo	

Seminar Information:

Sat: \$50.00	Sun: \$50.00	Yes:	No:	Total Included	* Lunches are included in seminar cost.
Days of Participation (check appropriate days)		Saturday Dinner (check appropriate box)		\$ _____	

Registrations sent after October 6th, add \$10. "At the door" payment, add \$10.

Cheques are to be made payable to Jim Wilson. Completed registrations and cheques should be mailed to the following address:

Jim Wilson
518 Cardinal Dr.
Peterborough, ON
K9L 1X8

Further information will be made available to registrants after receipt of this form. Details can also be found at www.kenshokan.zendokan.ca. E-mail: kenshokan@cogeco.ca

(Please complete waiver, overleaf.)

Waiver

I hereby make application to participate in the martial arts event described above, and I agree to abide by the rules and regulations set by the Kenshokan Dojo in connection with the event. I hereby release the Kawartha-Pine Ridge District School Board, the Canadian Kendo Federation, the Kenshokan Dojo, its directors, officers, employees, instructors, members, volunteers, and invitees and licensees from any and all claims, demands, actions, causes of action, or any other liability or obligation whatsoever arising out of or in connection with my participation in the above described martial arts event, whether relating to personal injury or damage to or loss of property or otherwise, whether going to or away from or at or in the premises or elsewhere, and whether in contract or in tort.

Signature of Applicant

Date

If under the age of 18 years, the parent or guardian of the applicant must consent to this application by signing below.

Signature of Parent or Guardian

Date

*Confidential

Emergency Contact:			 Relationship:
Home Phone #	Work Phone #	Mobile Phone #	Email:
Medications and Allergies:			
Epi-Pen User? Y N Where is the Epi-Pen stored? _____			
Previous Injuries:			
Current Medical Conditions and Supports (glasses, braces, etc.)			