

## **Registration Form SANTA CRUZ AIKIDO SUMMER RETREAT: JULY 9-12, 2009**

One registration form per person needs to be completed and mailed for attendance at the Retreat.

**Registration cannot be done online!**

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

F\_\_\_\_ M\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address: \_\_\_\_\_

share my email & city with other retreat registrants  Do not share my email & city

Dojo: \_\_\_\_\_ Rank in Aikido? \_\_\_\_\_

Do you teach Aikido? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Previous Santa Cruz Retreats Attended? \_\_\_\_\_

T-SHIRT PREFERENCE (*no guarantee of availability, but we'll try!*)

Style: \*crew  ~scoopneck  \*tank  \*long-sleeve

Size: small  med  large  XL  2X  (\*unisex; ~ womens)

SCHOLARSHIP REQUEST  (form also available online)

Please send me a scholarship application. I have completed the registration form and enclose a deposit of \$50 to hold my space.

NOTE: spaces are filled first come-first serve, so register/apply early!

Pre-registration is required; no drop-in options. Registrations are not transferable from one person to another. For cancellations received on or before June 16, fees will be refunded less a \$25 service fee. After June 16, registration fees will not be refunded unless we can fill your space.

**Early Registration**  
Before April 30<sup>th</sup>, 2009

Amount enclosed: \$130

**Regular Registration**  
After April 30<sup>th</sup>, 2009

Amount enclosed: \$150

**Scholarship Donation Enclosed**  
Amount enclosed: \_\_\_\_\_

Make checks payable to:  
**Aikido of Santa Cruz**

Mail to: Aikido of Santa Cruz  
Summer Retreat  
306 Mission Street  
Santa Cruz, CA 95060

Payments can now be made online at  
[www.aikidosantacruz.org](http://www.aikidosantacruz.org) using secure web services

Please use postal mail to send in the registration form.

## **Liability Waiver SANTA CRUZ AIKIDO SUMMER RETREAT: JULY 9-12, 2009**

Please indicate if the applicant is under 18 years of age; we will send you additional registration information.

### **LIABILITY WAIVER**

I, the undersigned, acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I understand that because of this there is always an inherent risk of injury that cannot be eliminated. I acknowledge that the Santa Cruz Aikido Summer Retreat/Aikido of Santa Cruz carries no insurance against injury to any of the participants of this seminar. As a condition of being admitted to the Santa Cruz Aikido Summer Retreat, I assume the risk of all injuries and do hereby hold the Santa Cruz Aikido Summer Retreat/Aikido of Santa Cruz, its employees and agents, harmless from any and all liability (including attorney's fees and costs) for all claims, actions or damages due to injuries suffered by me or caused to a third party by me during the course of the Summer Retreat, or arising out of the activities involving Aikido, or any variation thereof, whether occurring on the premises of the Retreat/Aikido of Santa Cruz or elsewhere, excepting only those claims, actions or damages caused by the gross negligence or intentional act or omission of them.

I understand that Aikido is an educational system. For the benefit of the training and safety of myself and other participants, I agree to conduct myself in a manner consistent with the rules of dojo etiquette and common sense safety observation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

If the applicant is under eighteen (18) years of age; I, the undersigned, as a parent or guardian of the above applicant, certify that I have read the above contract and I consent to the applicant's receiving the instruction applied for, and I agree to the provisions of the contract for myself and said applicant.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_