

2004 SANTA CRUZ AIKIDO SUMMER INTENSIVE: JULY 8-11 2004

One registration form per person needs to be completed for attendance. Make copies if needed.

Register now! Registration is limited to 70 people.

Name: _____

F ___ M ___ Phone: _____

Street Address _____

City _____ State _____ Zip _____

E-mail address: _____

Dojo: _____ Rank in Aikido? _____

Do you teach Aikido? ___ In what capacity? _____

Have you attended previous Santa Cruz Retreats? _____

Which years? _____

- I will make my own arrangements for housing
- I wish to stay in a local hotel, please send a listing
- I would like more information on the Santa Cruz Hostel (\$18-\$21 / night). Please send more information
- I wish to stay in the dojo, (supplying my own bedding). Let me know if there is still space
- I would like more information on being housed by a member of the dojo

Dates:

Scholarship applications due: May 21st

Balance due June: 11th

Make checks payable to:
North Bay Aikido and mail to:
Santa Cruz Aikido Summer Intensive,
306 Mission Street
Santa Cruz, CA 95060

SCHOLARSHIP DONATION

YES, I would like to support the scholarship fund. Amount of donation enclosed: _____

SCHOLARSHIP REQUEST

Please send me a scholarship application. I have completed the registration form and enclosed the appropriate deposit.

Fees (indicate amount):

Tuition: ___\$145___

Scholarship Donation: + _____

Fee Subtotal = _____

Deposit: - ___\$60___

Amount due June 11th: _____

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Please complete both sides of this form. One registration form per person needs to be completed for attendance at the Intensive. Make copies if needed.

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 Intensive/North Bay Aikido 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 Intensive, I assume the risk of all injuries and do hereby hold the Santa Cruz Aikido Summer Intensive/North Bay Aikido, 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 Intensive, or arising out of the activities involving Aikido, or any variation thereof, whether occurring on the premises of the Intensive/North Bay Aikido 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 _____

Date _____