

2005 SANTA CRUZ AIKIDO SUMMER RETREAT: JULY 6-10

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

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? _____

All residents will be booked as double-occupancy in apartments with living rooms. We try to honor roommate preferences where possible _____

\$ 475 Residential Plan

Deposit due with registration \$225
Balance due June 1st \$250

\$ 250 Commuter Plan

Deposit due with registration \$125
Balance due June 1st \$125

Scholarship applications due: May 10th

Balance due: June 1st

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

Fees (indicate amount):

Tuition: \$ _____
(Residential: \$475)
(Commuter: \$250)

Scholarship
Donation: +\$ _____

Fee Subtotal = _____

Deposit: -\$ _____
(Residential: \$225)
(Commuter: \$125)

Amount due June 1st

Payments can now be made online at
www.northbayaikido.org using
secure web services

Saturday Night Banquet: Meat Vegetarian

T-shirt size: S / M / L / XL / 2XL

T-shirt style preference?: T / Tank / Long sleeve / Scoop neck
(Not all styles will be available – for quantity estimates only)

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.

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