



Yoshukan Karate Association Summer Camp 2009 - August 21-23, 2009

Registration Form

Dates: August 21-23, 2009

Location: Holiday Inn Waterfront, Kingston, ON (www.hikingstonwaterfront.com)

Program: Training, meals, private dinner (Saturday), taxes, and gratuities included

Guest Instructors: **Hanshi Masaru Inomoto**, 9th Dan
Kyoshi Devorah Dometrich, 8th Dan
Kancho Earl Robertson, 6th Dan
Sensei Karl Sutton, Former Canadian Champion

Accommodations: Included (3 to a room) or couple room or family room

Kids Program: Swimming; Waterfront, Downtown Activities

Fees: Includes: training; 2 dinners, 2 lunches, 2 breakfasts, room, taxes & gratuities

Per Person \$ 395 each
Couple \$ 895 each
Family (max. 4) \$1095 each

Register:			
Per Person	No. _____ X \$ 395.00		\$ _____
Couple	No. _____ X \$ 895.00		\$ _____
Family	No. _____ X \$1095.00		\$ _____
SUB-TOTAL PAYMENT			\$ _____
Plus: Post April 1, 2009 'early bird' discount (+5%)			-\$ _____
TOTAL PAYMENT RECEIVED			\$ _____

*TOTAL PAYMENT MUST BE RECEIVED BY April 1, 2009 TO BENEFIT FROM EARLY BIRD REGISTRATION. PAYMENT BY CHECK, MONEY ORDER OR CREDIT CARD (BACK) PAYABLE TO: ACADEMY OF YOSHUKAN KARATE INC.

SEND CHECK TO: Academy of Yoshukan Karate Inc.
2355 Royal Windsor Drive, Unit 9
MISSISSAUGA, ONTARIO, L5J 4S8

INDIVIDUAL – COUPLE - FAMILY REGISTRATION

NAME / NOM: _____ **AGE / ÂGE:** _____ **RANK / CEINTURE :** _____ **DOJO:** _____

NAME / NOM: _____ **AGE / ÂGE:** _____ **RANK / CEINTURE :** _____ **DOJO:** _____

NAME / NOM: _____ **AGE / ÂGE:** _____ **RANK / CEINTURE :** _____ **DOJO:** _____

NAME / NOM: _____ **AGE / ÂGE:** _____ **RANK / CEINTURE :** _____ **DOJO:** _____

NAME / NOM: _____ **AGE / ÂGE:** _____ **RANK / CEINTURE :** _____ **DOJO:** _____

ADDRESS: _____

POSTAL CODE / CODE POSTAL _____

PHONE / : TÉLÉPHONE: (____) _____ - _____ WORK / TRAVAIL: (____) _____ - _____

CELL / PORTABLE: (____) _____ - _____ FAX: (____) _____ - _____

E-MAIL: _____@_____ PRE-PAID (AMOUNT): \$ _____

MEDICAL CONDITIONS / PROBLÈMES MÉDICAUX: _____

EMERGENCY NUMBER: (____) _____ - _____

RELEASE/INDEMNITY MUST BE SIGNED (ON BACK OF THIS REGISTRATION FORM) TO CONFIRM ATTENDANCE

RELEASE / Autorisation

I, _____ agree to the following conditions and terms concerning me or my children's attending a seminar at the Yoshukan Summer Camp 2009:

Je soussigné (e), _____ accepte les conditions ci-dessous mentionnées pour moi ou mes enfants participant au camp d'entraînement Yoshukan 2009

Losses and Injuries / Pertes et blessures

(1) To release and forever discharge the Yoshukan Karate Association and the Academy of Yoshukan Karate Inc., it's Directors, Officers, Instructors, Members, Authorized Agents, and Guests from any losses or injuries sustained by me or my children while enroute to the camp facilities or while attending classes at the camp facilities whether or not such losses or injuries were foreseeable. This includes any legal claims or actions instituted by me, my estate, my guardians, my dependents, or otherwise on my behalf.

(2) To indemnify the Association and Academy, it's Directors, Officers, instructors, members, authorized agents, and guests from any legal claims or actions instituted by me, my estate, my guardians, my dependents, or otherwise on my behalf.

(3) The Association and Academy, it's Directors, Officers, instructors, members, authorized agents, and guests, are not responsible for any losses or injuries sustained by me arising from my attendance at any sponsored / endorsed competition, instructional gatherings, or any other event sponsored by the Association or endorsed by the Association. I understand that my attendance at any event sponsored by the Association or Academy or endorsed by the Association or Academy is voluntary;

Signed by: _____ **Witnessed by:** _____
at _____, _____ **on:** _____, 200_____

CREDIT CARD PAYMENT

The Academy can process Credit Card payments if preferred. Your information is kept confidential and shredded after processing.

Information required is:

Name (as it appears on your card): _____

Visa or Mastercard #: _____

Expiry date: _____

Signature: _____

Please fax to: (905) 278-6973 for processing. Please also provide an email address so that we can send you an electronic receipt of payment and confirmation number.