



SEIDOKAN AIKIDO SUMMER CAMP 2007

Hosted by Aikido Institute of America

June 21 - 24, 2007

APPLICANT:

NAME (Last, First, Middle Initial) _____ GENDER M / F

ADDRESS _____ APT NO. _____ CITY _____

STATE _____ ZIP CODE _____ PHONE NUMBER () _____

EMAIL _____ DOJO _____ CURRENT RANK _____

INSURANCE CARRIER: _____ GROUP/POLICY NUMBER: _____

LIST ALL FOOD OR MEDICATION ALLERGIES: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

NAME: _____ RELATIONSHIP: _____ PHONE: () _____

ADDRESS: _____ ALTERNATE PHONE: () _____

CAMP FEES (PLEASE CHECK APPROPRIATE BOX):

INCLUDES ROOM AND BOARD

POSTMARKED BY:	MARCH 20 th	APRIL 20 th	MAY 12 th	After MAY 12TH
SEIDOKAN MEMBERS	\$ 235 _____	\$ 245 _____	\$ 265 _____	\$ 285 _____
NON-SEIDOKAN MEMBERS	\$ 265 _____	\$ 275 _____	\$ 295 _____	\$ 315 _____

*** A \$75.00 deposit will hold your rate for the first registration rate only (\$ 235), due by March 20th.

**Please make your check or money order payable and mail to:

AIKIDO INSTITUTE OF AMERICA (AIA) , 8206 HONDO ST, DOWNEY, CA 90242

Adult Waiver and Release

In consideration of my being permitted to participate in the Seidokan Aikido Summer Camp, I do hereby expressly waive and release any and all claims or demands against California State University Long Beach, Aikido Institute of America, Seidokan Aikido, the instructors and/or staff of said seminar from any liability whatever arisen from injuries or damage which I may incur from participating therewith. I hereby consent to be treated for any injuries that may occur during participation in the seminar and also agree to pay any hospital, doctor or any expenses arising from treatment.

Signed _____ Date _____ Date of Birth _____

Minor Waiver and Release (Age 5-17 years old)

I hereby permit _____ to participate in the Seidokan Aikido Summer Camp. In consideration of my minor child being permitted to participate in the Seidokan Aikido Summer Camp, I do hereby expressly waive and release any and all claims or demands against California State University Long Beach, Aikido Institute of America, Seidokan Aikido, the instructors and/or staff of said seminar from any liability whatever arisen from injuries or damage which he/she may incur from participation therewith. I hereby permit my child to be treated for any injuries that may occur during participation in the seminar and also agree to pay any hospital, doctor or any expenses arising from treatment.

Signed (parent or guardian) _____ Date _____ Child's Date of Birth _____