

Return to:

**Print or Type** 

Lenny Jordan 1119 Lauren Way Acworth, Georgia 30101 Fees Submitted: \$40/Youth

\$50/Adults & Black Belts

Date: Sept 16, 2017

Fees are Non-refundable and Non-transferable Payment/checks payable to: James L Jordan

## **Event Application Form**

Name:	Sex:	Age:	DOB		
Address:	Phone Em	Phone Emergency Case:			
City:	State:		Zip:	<u>.</u>	
E-mail address:				\	
RankTit	le	Туре	of Budo		
I, the undersigned, do hereby voluntarily su seminars, training activities and programs. The undersigned hereby assume full respo accidents, cost, and expenses that the stu programs, and events, traveling to and fro chairperson, directors, all instructors, age limited to Kyoshinkan dojo, Kyoshinkai, at actions, losses, liabilities, damages, cost and the valid health insurance policy to cov photos/video of myself during the events for fully understand what is written in this release programs and thus certify that I fully agreed	I am fully aware of insibility for any and dent or parent midments, representatives and all supporting indexpenses that a ser all injuries and or official publications statement, and the instantial of the statement of the state	f the inhered all clair ght sustained to inder s, sponsors adividuals tudent or placed illnesses on purpose the nature a	nt dangers, and r ns, injuries, action from participate nnify, to defend the entities and of and organization parent might sust I hereby allow and release all read purpose of the	risks involved in these activitions, losses, liabilities, damageting in these activities, class and to save and hold harmle organizations, including but its from all such injuries, clair tain. I hereby certify that I caw Kyoshinkai officials to tarights to those pictures. I here he events, instructions, seminal	es. es, ess not ns, rry ake
Signature of Applicant:			Date:		
Signature of Parent or Guardian:(If applicant is 17 years old and under)			Date:_		