



ATHLETE SEMINAR

REGISTRATION FORM

SATURDAY, SEPTEMBER 8, 2018

\$50 EARLY REGISTRATION BY FRIDAY, AUGUST 31.

\$10 LATE FEE AFTER FRIDAY, AUGUST 31.

REQUIRED FIELDS - Please PRINT Clearly

* Name _____

* Belt Rank _____

* Age _____

* Gender: Male Female

* Email: _____

In consideration for my participation in this seminar, I waive all claims against any person or entity connected with the seminar for any injuries I may sustain and likewise assume full responsibility for all my actions in connection with said seminar. The signature of a parent or guardian below constitutes a waiver of claims and assumption of responsibility for participants under the age of 18. **Additionally, I understand that my registration fee is TRANSFERABLE, to another student attending the seminar, but is NON-REFUNDABLE.**

Date _____ Signature _____ Parent/Guardian _____
(If participant is under age 18)