



## REGISTRATION FORM AND APPLICATION FORM

TO PARTICIPATE IN THE  
FOURTH ANNUAL GRAHAM BURT SENSEI

### MEMORIAL SEMINAR

\*Name (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address (street) \_\_\_\_\_ (town) \_\_\_\_\_ (postal code) \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail (optional: to be held in strictest confidentiality) \_\_\_\_\_ @ \_\_\_\_\_

\*Date of Birth (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_

\*Next of Kin (Emergency) \_\_\_\_\_ (phone) \_\_\_\_\_

\*If under 19 years of age, Legal Guardian (print) \_\_\_\_\_

\*Please specify any health conditions that would make the practice of Aikido dangerous or injurious to your health or that of others:

\_\_\_\_\_

\*Your Dojo (name) \_\_\_\_\_ (instructor) \_\_\_\_\_

\*Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

\*Signature of Applicant's Legal Guardian \_\_\_\_\_

(IF APPLICANT IS UNDER 19 YEARS OF AGE, THE SIGNATURE OF THE PARENT OR LEGAL GUARDIAN IS REQUIRED)

\*RELATIONSHIP OF LEGAL GUARDIAN TO APPLICANT \_\_\_\_\_

**KINDLY FILL OUT AND BRING TO SEMINAR WITH YOU. YOU WILL BE REQUIRED TO SIGN A DISCLAIMER AS WELL AT THE GATE.**

**\*Starred items must be filled in**