

2024 Isshinkai Enbukai – Registration Form

Name _____

Address _____

Email _____

Phone _____

Location: Holiday Inn – Carlsbad, 2725 Palomar Airport Rd, Carlsbad, CA 92009

Date: Saturday, March 16, 2024 & Sunday, March 17, 2024 (9am-4pm)

	Prior to 3/1/24	After 3/1/24
Saturday, March 16, 2024	___ \$70	___ \$80
Sunday, March 17, 2024	___ \$70	___ \$80

Payment can be made to Tenchi Dojo via check, Zelle or Paypal

For Zelle or Paypal – jerseykarate@comcast.net

For check – please make checks payable to: Tenchi Dojo.

Checks can be mailed to...

Kathy Fawcett, 41 Railroad Ave

Whitehouse Station, NJ 08889

I hereby voluntarily submit my/my child's application for participation in the above Isshinkai Karate seminars and training. I certify that the information provided in this application is correct and that I fully understand the nature and risks involved in karate & kobudo training. I further warrant that I/my child is mentally, physically, and emotionally capable and prepared to participate in these seminars. I agree that in consideration for being permitted to participate, I/my child assumes the risk of any and all accidents and injuries of any kind sustained in connection with the Seminar activities. I assume full responsibility for any and all damages and losses that may be incurred or caused by myself/my child while attending, participating, and traveling to or from the Seminar. I assume full responsibility for any and all damages that I may cause to the premises, property, or persons through my own negligence or lack of control of techniques. I hereby waive any and all claims against the seminar sponsors: Heather Rancic; Michael & Claudia Whiteley; Linde Belt; Scott & Kathy Fawcett; Arcenio J. Advincula; The Isshinkai; Isshinryu Karate Madison; Tenchi Isshinryu Karate Dojo, LLC; Kenkon Dojo, The Holiday Inn, Carlsbad; and their agents and employees. In the event of any injury, illness, or other condition which may require immediate medical assistance, I consent to allow the sponsors to take such action as is necessary to contact and provide emergency and medical assistance.

Participant Signature _____ Date _____

Parent / Guardian Signature _____ Date _____