

Hanshi Hiroshi Takamiyagi  
Okinawan Goshukan Karate  
Seminar Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Rank/Belt Color \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Dojo \_\_\_\_\_ Sensei \_\_\_\_\_

Attendance Options (Check one)

- |  |       |
|--|-------|
| <input type="checkbox"/> Tuesday 5:00 – 7:00 (Okinawan Kobudo)                             | \$ 25 |
| <input type="checkbox"/> Tuesday 7:30 – 9:30 (Shuri-te Kata Applications)                  | \$ 25 |
| <input type="checkbox"/> Wednesday 6:00 – 9:00 (Five Ancestors Chuan Fa – Roots of Karate) | \$ 50 |
| <input type="checkbox"/> Both Nights (All three seminars)                                  | \$ 80 |
| <input type="checkbox"/> Wednesday 5:00 – 6:00 (Children’s Seminar)                        | \$ 25 |

I, the undersigned, do hereby voluntarily submit my application for participation in the Hanshi Hiroshi Takamiyagi Goshukan Karate Seminar. I do hereby further agree to indemnify and hold harmless the Kosho-Kai Karate School, International Okinawan Goshukan Karate Association, and all officers, shareholders, agents, employees, and representatives of said organizations individually or otherwise for any claims or injuries that I may sustain. I represent to the afore mentioned that I am in good physical health and that I have no disability, impairment, illness, or condition preventing me from participating in said martial arts training. I further understand that any medical aid or treatment administered to me as a result of any injury will be of a first aid nature only. I have fully read and understand all the terms and conditions of this waiver of liability and voluntarily agree to all terms and conditions herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Mail form with payment to:

Kosho-Kai Karate  
615 Park Avenue  
Pekin, IL 61554