

Gospel Martial Arts Union

2009 INTERNATIONAL SHURI RYU SYMPOSIUM with Grandmaster Robert Bowles, 10th degree Black Belt SATURDAY, DECEMBER 5, 9am - 4pm

REGISTRATION FORM

form MUST BE RECEIVED BY GMAU HQ by 11/24/09 to receive discounted tuition of \$85 (\$65 for children of leadership & Jr. Leaders)

Personal Info:

NAME: _____ AGE: _____ DATE: _____

PHONE: _____ EMERGENCY CONTACT NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ ARE YOU CURRENTLY TAKING ANY MEDICATIONS? _____ (if yes, please list below with any precautions necessary for participation)

Martial Arts Info:

MARTIAL ARTS SCHOOL IN WHICH YOU STUDY: _____ SENSEI: _____

CURRENT RANK: _____ HOW LONG HAVE YOU HELD THIS RANK: _____

PRIMARY STYLE: _____ SECONDARY STYLE: _____ ARE YOU A CERTIFIED INSTRUCTOR? _____ If so, what level? _____

Registration Fee: (please submit check or cash with this form ~ make checks payable to "GMAU")

Registration Fee covers all training for Saturday, December 5th, 9am - 4pm

Black Belt Tuition: Includes exclusive all day seminar with Hanshi Bowles
\$85 if received by Tuesday, November 24 (form and cash tuition must have been received by GMAU HQ by due date)
\$135—at the door

Kyu Rank Tuition: Includes exclusive all day seminar with Hanshi Bowles
\$85 if received by Tuesday, November 24 (form and cash tuition must have been received by GMAU HQ by due date)
\$135—at the door

Submission of Registration Form & Fee:

REGISTRATION FEE SUBMITTED: \$_____

TOTAL AMOUNT SUBMITTED \$_____ Received By: _____(GMAU Fiscal Officer
or Dr. Russell signatures only)

TUITION PAYMENT MUST BE MADE IN THE FORM OF CASH FOR 2009

PERMISSION TO PARTICIPATE

Both the student and parent (if participant is under 18) must sign below

Participant's Signature	DATE	Parent of Participant's Signature	DATE
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By signing the above, I confirm all information is accurate to the best of my knowledge. I confirm that I or my child do not have any medical condition that would prohibit participation. Furthermore, I understand that I or my child will be participating in an athletic activity that requires self-discipline, self-control and personal safety hazards as do all sports and do hereby release the Gospel Martial Arts Union & Horizon Christian Fellowship Central and agents/representatives of that ministry, and other participants from any liability. In addition, I understand that I am solely responsible for any and all medical expenses resulting from injuries resulting from participation. Understanding the aforementioned issues, it is my expressed wish that I or my child may be permitted to participate in the activities of the Gospel Martial Arts Union event listed above and do hereby waive all liability.