

(Please make Copies as needed)
Seminar Registration Form
May 7th, 2011

(Please Print)

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ DATE OF BIRTH: _____

DO YOU HAVE PREVIOUS MARTIAL ARTS EXPERIENCE? YES ___ NO ___

IF YES WHAT RANK AND STYLE? _____

CURRENT INSTRUCTORS NAME: _____

RELEASE FORM

I, the undersigned, agree and understand that the seminar for which I am registering involves inherent risk of accidental physical harm or injury. I understand the risk may arise from, but not limited to: the instruction, explanation, practice and training in the subject of this seminar. I therefore agree that the risk of any such injury is assumed by me and I hereby relieve and agree to waive, release and hold harmless on account of any injury sustained by me, *Taika Seiyu Oyata, Michael A. Cline, The Oyata Shin Shu Ho Association*, its owners, official instructors, other participants and or any other agent or employee. I have current medical insurance which covers my participation in this seminar.

SIGNATURE: _____

(Parents signature if under 18 years of age)

The cost of the seminar

Prepaid by 05-01-11

ASSOCIATION MEMBERS: \$75.00

PAID AT THE DOOR

ASSOCIATION MEMBERS: \$85.00

NO VIDEO CAMERAS ALLOWED!

NO PARTICIPANTS UNDER AGE 12!

THE SEMINAR WILL BE HELD AT:

**Hidden Teachings Dojo
121 6th Avenue South
Moorhead, MN 56560**

**Registration: 9:00 am to 10:00 am
Seminar: 10:00 am to 3:00 pm**

At the door registration will be held one hour prior to the seminar or to pre-register send a copy of the form and the appropriate fee to:

**Michael Cline
5605 17th Street N.
Moorhead, MN 56560
(701) 866-5584**

Make checks payable to Michael Cline

