

2017 Elite Martial Arts Clinic

Friday & Saturday, August 25 – 26, 2017

sponsored by

United States Kenpo Kobujitsu Federation

Registration & Injury Waiver

Name(s)

Address

City / State

Zip

Date(s) of Birth (Month/Day/Year)

Telephone Number

Email Address

I, We, or parent(s) of the above named person(s), who is/are participating in the above named clinic, hereby give my/our approval to his/her participation in any and all of the activities of the class. I/We assume all risks incidental to the conduct of the class. I/We do further release, absolve, indemnify, and hold harmless Lenexa Karate Academy, Olathe Karate Academy, the sponsors and supervisors, agents and employees, any or all of them. In case of injury my/our child/children or myself, I/We hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting my/our child/children or myself, to or from the class or activity. I/We would furnish a birth certificate if so requested by Lenexa Karate Academy.

Parent(s) Signatures(s)

Participant(s) Signature

\$100 Clinic Fee Individual _____
(\$85 if submitted by Saturday, August 14th)

\$50 Clinic Fee Kids (age 6 – 12) _____

Clinic T-shirt size _____

Please make payment to: Lenexa Karate Academy

Lenexa Karate Academy
13960 Santa Fe Trail Drive
Lenexa, KS 66215
913-962-1640

**Please send registration
form and payment to
Lenexa Karate Academy
by Saturday, August 14
or register online at
www.kansaskarate.com**

(Registration at the door will be available on day of event)

Question? Contact Hanshi Dan Kennedy
At office@kansaskarate.com
913-962-1960