

JC's TaeKwon-Do & Kickboxing



SPARRING SEMINAR REGISTRATION FORM

NAME:		
DATE OF BIRTH: (MM/DD/YYYY)	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
STREET ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
EMAIL ADDRESS:		
HOME PHONE:	MOBILE PHONE:	

Check off the session you wish to attend:

- ☐ Saturday, Oct 5th - 8:30am - 12:30pm (Yellow - Blue Stripes)
- ☐ Saturday, Oct 5th - 2:00pm - 6:00pm (Blue Belts & Above)
- ☐ Sunday, Oct 6th - 9:00am - 1:00pm (Competitive Sparring, All Belts Yellow & Above)

I*, _____ hereby submit application for my participation in the Master Laquerre Sparring Seminar being held Oct 5th and 6th, 2013. By my participation in same, I hereby assume any and all losses, damages and/or injuries which I may sustain or incur as a result of my attendance and/or participation. I hereby waive any and all claims against JC's TaeKwon-Do and its students, individually or jointly, for any and all losses, damages and/or injuries.

Parent's Name: _____

Signature: _____

**Registration Fees - \$40 in advance
\$50 in cash at the door**