



America's Finest Shotokan Karate



## Open Competition

at America's Finest Shotokan Karate 1545 RT. 52, Fishkill, NY 845.430.2434/9099

### REGISTRATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell#: \_\_\_\_\_ Email: \_\_\_\_\_

Sensei/Dojo: \_\_\_\_\_ Your Rank: \_\_\_\_\_

Kid's Clinic 9am-10am - \$35 pre-registration; \$40 at the door  
Women's Self Defense Course 10:15am-11:am - \$15 pre-registration; \$20 at the door  
Shotokan Clinic 12pm-3pm - \$80 pre-registration; \$100 at the door

I, the undersigned do hereby volunteer my application for the attendance and participation in the 2015 Shotokan Clinic, and do hereby assume full responsibility for all injuries, damages, or losses that I may sustain or incur, if any, while attending/participating. I do hereby waive all claims against AJKA-I, America's Finest Karate, individually or otherwise, for any claims or injuries I may sustain. I fully understand that any medical treatment given to me will be first aid type only. I certify that I am in good health and without injuries or physical disabilities. I consent that any pictures furnished by me or taken of me in connection with the seminar can be used for publicity, promotion, or television showing and waive compensation in regard thereto. I further agree to conduct myself with decorum in the spirit of Karate-Do.

Signature.....Date.....

Parent/Guardian (under18).....

**\*\*\*Please mail/email all applications to us for early processing.  
Please pre-register. Limited space available.**

Contact Sensei Ruben Ruiz for more informations and registration  
website: [www.americasfinestshotokan.com](http://www.americasfinestshotokan.com) Email: [americasfinestshotokan@gmail.com](mailto:americasfinestshotokan@gmail.com)

Please make checks payable to:  
Veronica Ruiz, 41 Stephen Drive, Hopewell Jct, NY 12533