



JUJITSU AMERICA

Sport Jujitsu Orientation Clinic

May 20, 2006, 12:00 – 3:00pm

Cahill's Judo Academy

635 San Mateo Ave.

San Bruno, CA 94066

tel: 650-589-0724

CHECK AS APPROPRIATE: REFEREE: _____ COMPETITOR: _____

NAME: _____ AGE: _____ WEIGHT: _____

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

PHONE (DAY): _____ PHONE(EVE): _____

EMAIL: _____

RANK: _____ DOJO: _____ INSTRUCTOR: _____ JA MEMBER: Y or N

*Note JA Member is defined as being a current card holding member for 2005 – 2006

Release agreement: For and in consideration of my participation in the foregoing event sponsored by Jujitsu America, I intend to be legally bound, hereby myself, my heirs, and administrators, waive and release any and all rights to damage or claims against said organization, its governing body, officials, and members for injuries or rights to damages suffered by me directly or indirectly as a result of attending, participating in, practicing for, traveling to or from such event, or against Jujitsu America, Cahill's Judo Academy, Willy Cahill, governing body, staff members, or instructors. I further certify that I am in proper health and physical condition to participate in such activities.

Participant Name: _____ Date: _____

Parent/Legal Guardian (if under age of 18): _____ Date: _____

PLEASE USE ONE FORM PER PERSON

Clinic Fee:

\$10

Make Checks Payable To:

JUJITSU AMERICA

Mail To:

JUJITSU AMERICA CLINIC

c/o Cahill's Judo Academy

635 San Mateo Ave.

San Bruno, CA 94066

OR bring this completed form with you on the day of the clinic