



Seito Bugei Juku
Haru Geiko Gasshuku
Saturday, 5 April, 2025 (9:30 am - 5:30 pm)
Registration Form and Waiver

Instructor: Kim Taylor, Renshi (Iaido 7th Dan MJR; Jodo, 7th Dan SMR)
Assisted by Pam Morgan (Iaido MJR 5th Dan and Jodo SMR, 5th Dan)

Location: Mark Street United Church, 90 Hunter Street East, Peterborough, ON

Personal Information (please print):

Last Name	First Name	Initial
Address		City
Phone	E-mail	
Rank (if any)	Art and Dojo	

Seminar Information:

Full Day	Total Rec'd:	Jodo \$30.00	Niten Ichi Ryu \$30.00	Total Rec'd:	Dinner at THE RAILYARD CAFE & TAPHOUSE 6:00pm Dinner
\$50.00 10:0am – 5:00pm Doors Open at 9:30am		For the Session 10:00am – 1:00pm	For the Session 2:00pm – 5:00pm		Yes <input type="checkbox"/> No <input type="checkbox"/>

Lunches not provided

- Payments can be made by **E-Transfer**
- Registrations can be handed at the Door or E-mailed as well. No Payments will be taken at the Door!!!
- E-mail: seitobugeijuku@gmail.com - E-Transfers or questions

Further information will be made available to registrants after receipt of this form. Details can also be found at sbjpeterborough.wordpress.com.

Please complete waiver and other information

Waiver

I hereby make application to participate in the martial arts event described above, and I agree to abide by the rules and regulations set by the Seito Bugei Juku in connection with the event. I hereby release Mark Street United, the Canadian Kendo Federation, seminar instructors, the Seito Bugei Juku, its directors, officers, employees, instructors, members, volunteers, invitees, and licensees from any and all claims, demands, actions, causes of action, or any other liability or obligation whatsoever arising out of or in connection with my participation in the above described martial arts event, whether relating to personal injury or damage to, or loss of, property or otherwise, whether going to or away from or at or in the premises or elsewhere, and whether in contract or in tort.

Signature of Applicant

Date

If under the age of 18 years, the parent or guardian of the applicant must consent to this application by signing below.

Signature of Parent or Guardian

Date

***Confidential**

Emergency Contact:		Relationship:	
Home Phone #	Work Phone #	Mobile Phone #	Email:
Medications and Allergies:			
Epi-Pen User? Y N Where is the Epi-Pen stored? _____			
Previous Injuries:			
Current Medical Conditions and Supports (glasses, braces, etc.)			