

# NYC 2017 Gasshuku Registration

Register by mail to:

NYC Goju Ryu Karate-Do  
1831 Hobart Ave. Bronx NY, 10461

Make all checks payable to:

NYC Goju Ryu Karate-Do Inc

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## GASSHUKU REGISTRATION FORM

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Rank \_\_\_\_\_ Instructor's Name \_\_\_\_\_

### Mark Appropriate Boxes: (Ages 13 and up)

3 day Gasshuku \$150

#### Daily sessions

Friday \$50

Saturday \$70

Sunday \$70

Friendship dinner \$25  
(Italian buffet)

#### Sessions Attending:

Friday

Saturday

Sunday

**TOTAL FEES: \$\_\_\_\_\_ Make checks payable to NYC Goju Ryu Karate-Do**

### Waiver

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the 2017 NYC Gasshuku on March 24th through March 26th. I do hereby assume full responsibility for any and all damages, injuries or losses, I may sustain or incur, if any while attending or participating and hereby waive any and all claims against the directors of said Gasshuku: Gene Villa, Luis Tapia any and all directors, agents or employees of NYC Goju Ryu Karate-Do Inc individually, in full or otherwise for any claim of injuries that I may sustain. I also state that I have no medical problems including but not limited to heart conditions, epilepsy, hernias, etc. I fully understand that any medical treatment given to me will be of First Aid type only, and I fully waive all claims for injuries or damages which may result from such treatment, whether given with or without my express consent. I consent that any photographs or video recordings furnished by me or taken of me in connection with 2017 NYC Gasshuku can be used for any publicity, promotion, or television showing, and I waive any compensation in regards thereto. I have read and fully understand the statements in the preceding waiver and acknowledge the complete acceptance of same. We are not responsible for any stolen/broken items!

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date