

# CHAMBERLAIN STUDIOS OF SELF DEFENSE

## Tournament Prep - Open Weapons Division Seminar!

Sunday, February 24<sup>th</sup>, 2019 12:30pm - 3:00pm at the Lakewood dojo

### 1. Student Information: (please use one form for each attendee)



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's/Guardian's Names (if attendee is a minor): \_\_\_\_\_

Contact E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about us? Website \_\_\_ Friend \_\_\_ Existing Student \_\_\_ School Brochure \_\_\_ Other: \_\_\_\_\_

### *You decide which weapon to learn!*



**SWORD**



**SAI**



**BO STAFF**



**NUNCHAKU**



**KAMA**

Tuition: Seminar Rate & Weapons Kata Choice	Seminar & Pizza Lunch Sun. 2/24/19	SWORD	SAI	BO STAFF	NUNCHAKU	KAMA
Each Attendee should mark the box to select 1 weapon to learn	\$35	_____	_____	_____	_____	_____
Students will use our training weapons for the seminar but may purchase a practice weapon for home or dojo use. Other weapon options available, just ask.		\$20 Wooden Bokken	\$25 or \$60 Rubber or Metal Sai	\$29 Wooden Staff 4 or 6 foot	\$15 Foam & rope	\$20 Wooden non-sharp

### 2. Credit Card Payment for this amount: \$ \_\_\_\_\_

Payment by: Master Card \_\_\_ VISA \_\_\_ DISC \_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

### 3. Releases:

**Medical:** Does student take prescription medication? Yes \_\_\_ No \_\_\_ If yes, what medication \_\_\_\_\_ why? \_\_\_\_\_

**In case of accident or injury,** I hereby certify that the above named student is to be given any emergency treatment necessary at any hospital reasonably accessible. Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography:** I hereby permit CSSD to use, in whole or in part, photographs and or videos, of the above named student for the purpose of illustrations and publications including our website. No student names will be published.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail, Deliver, Fax or Email the Registration to: CSSD, 2114 Kidwell St., Dallas, TX 75214  
Phone: 214-351-5367 Fax: 214-366-3916 Email: info@DallasKenpo.com**