

# American Jujitsu Institute

Honolulu, Hi

Since 1939

## Multi-Purpose Registration Form

Date: \_\_\_\_\_

Check One

Information Type: New Renewal Changes Promotion ~~(Circle One)~~

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ *email address:* \_\_\_\_\_

Your School/Dojo Name : \_\_\_\_\_

Your Current Instructor : \_\_\_\_\_ (Enter "NONE" if none)

Your Current Rank : \_\_\_\_\_ Belt Color: \_\_\_\_\_ Date Promoted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dues & Fees: Check all that you are applying for.

### Yearly Dues

All Kyu Ranks \$ 25.00\_\_\_\_\_

Black Belts \$ 40.00\_\_\_\_\_

Chief Instructors \$ 50.00\_\_\_\_\_

Dojo Registration \$ 60.00\_\_\_\_\_ (Effective 1-1-2016)

### Diploma Fees

All Kyu Ranks \$ 5.00\_\_\_\_\_

Black Belts 1 thru 5 \$ 30.00\_\_\_\_\_

Black Belts 6 thru 10 \$ 50.00\_\_\_\_\_

Please place a check mark next to all items which apply to you. Total Amount \$ \_\_\_\_\_

### **Waiver of Liability**

I certify that I am medically and physically able to participate in this activity. I have been made aware of the potential hazards involved in jujitsu, karate and other self defense training and competition. Knowing the potential hazards involved and in consideration of my application being accepted, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, waive, release and discharge the American Jujitsu Institute, it's instructors, the City and County of Honolulu, the State of Hawaii and anyone acting on their behalf, from any and all claims of liability for personal injury or death arising out of, or in the course of participating in this activity. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parental Consent if Under 18 : \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

Mail to: **AJI c/o Daniel W. Saragosa 1779 Koikoi St., Wahiawa, Hi 96786**

Digital Signatures are ok.

Email to: pra0005@hawaii.rr.com