

American Jujitsu Institute

Honolulu, Hi

Since 1939

Multi-Purpose Registration Form

Date: _____

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:

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