



KYOKUSHIN OF PORT ST. LUCIE

(Kyokushin of Port St. Lucie, Inc and Nicom Consultants, Inc.)

SEMINAR



Event Application

EVENT DATE: SATURDAY, MAY 24TH, 25TH AND 26TH of 2019

**EVENT LOCATION:
INTERGENERATIONAL RECREATIONAL CENTER**

1590 9th St SW, Vero Beach, FL 32962

Registration Fees to be paid electronically via our website at

www.kyokusin-kanusa.com or www.karatepsl.com

NAME: _____ RANK/KYU: _____ YRS. EXPERIENCE: _____

ADDRESS: _____
Street City State/Province Country Zip Code

PHONE: () _____ - _____ DATE OF BIRTH: ___/___/___ AGE: ___ HT: ___ WT: ___ Lbs.

STYLE/SYSTEM: _____ INSTRUCTOR: _____

EMAIL ADDRESS: _____ SCHOOL NAME: _____

SEX: Male Female

Conditions of Registration:

I, the undersigned, to hereby voluntarily submit my application for participation as Student in the Kyokushin of Port St. Lucie Seminar during the days of May 24 to 26th of 2019, in Vero Beach, FL and do hereby assume full responsibility for any and all damages, injuries or losses, including death that I may sustain or incur while attending or participating in the aforementioned event and do hereby waive any or all claims against Kyokushin of Port St. Lucie (Nicom Consultants, Inc.), Intergenerational Recreational Center, its promoters, operators and/or sponsors of said event, their employees, agents, individually or otherwise, and specifically covenant not to bring suit to the individuals or organization mentioned above, fully recognizing that this covenant is part consideration for my approval to compete, and upon which they have relied in accepting the above application. I further understand I am fully aware of the inherent risks of sustaining injury during the competition or in the preparation thereof and that I completely assume all risks and liabilities thereto. I fully understand that any medical treatment provided to me as a response to injury will be of the first aid type only. I also fully understand that I am solely responsible for payment for any additional medical services performed as a result of any injury I may sustain.

X _____
Applicant Signature

Date: ____/____/____

X _____
Parent or Guardian (If under 18 years of age)

Date: ____/____/____

RETURN APPLICATIONS MUST BE RECEIVED BY 04/24/19 BY EMAIL:

Kyokushinpsl@hotmail.com

*****Without this application the student will not be able to participate on the Seminar*****