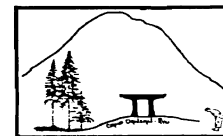


Camp Danzan Ryu - Registration

May 17-19, 2019

MARTIAL ARTS
CAMP
DANZAN RYU



(Print)
NAME _____ Age _____

Address/City/State/Zip _____

Email Address _____ Tel# (day) _____ (eve) _____

Dojo/Club _____ Rank _____

Online Payment ID Number: _____ (if paying via Online Option)

(Circle One)

Early Registration	Registration	Walk-In Registration **
Postmarked or Online Payment by Mar 30, 2019	Postmarked Mar 31 - May 11, 2019 or Online Payment thru May 16th	Postmarked May 17 & 18, 2019
\$190.00 - Full Camp Package	\$205.00 - Full Camp Package	\$215 ** All Participants
\$175.00 - Campsite Package	\$190.00 - Campsite Package	\$155 - Non-Participating
\$160.00 - Commuters	\$175.00 - Commuters	Guests
\$130.00 - Non-Participating Guest	\$145.00 - Non-Participating Guest	

Full Camp Package - Facilities use, onsite indoor lodging, all meals, all clinics & t-shirt / **Campsite Package** - Facilities use, camping campsite, all meals, all clinics & t-shirt, **Commuter** - Facilities access, all meals, all clinics & t-shirt. (No lodging or camping)

**** Walk-In Registration** (May 17 & 18, 2019) - Facilities access & all clinics. (Lodging, meals & t-shirt **IF** available)

T-shirt Size (adult sizes) S M L XL XXL (circle one)

No Refunds after May 1, 2019

Make checks payable to: **Alameda Jujitsu Alumni, Inc.**
Mail to: Camp Danzan Ryu, P.O. Box 1314, Alameda, CA 94501

All Camp Danzan Ryu Participants MUST complete the two sections below:

Release for Medical Treatment (please Print)

Person to contact in Emergency _____

Tel# (Day) _____ (Eve) _____

Medical Coverage or Family Doctor _____ Medical Coverage ID# _____

Allergies to Medications, if any (also list food allergies) _____

The undersign hereby authorizes, Alameda HS Jujitsu Alumni, Inc. or its designated representative as agent for the undersign to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, either directly or under the supervision of a physician or at an approved medical facility, if such diagnosis or treatment is deemed appropriate.

Participants Signature _____ Date _____

If participant is under 18 years of age:

Parent or Legal Guardian Signature _____ Date _____

Release Agreement

For and in consideration of my participation in the foregoing event sponsored by the Alameda HS Jujitsu Alumni, Inc., (Alumni) I intending to be legally bound, hereby myself, my heirs, and administrators, waive and release any and all rights to damage or claims against said Alumni, its governing body, officials, and members for injuries or rights to damages suffered by me directly or indirectly as a result of attending, participating in, practicing for, traveling to or from such Camp, or against the owners, organizations, governing body, staff members, or instructor(s) of the gymnasium, dojo, school, camp, or place where held. **I further certify that I am in proper health and physical condition to participate in such activities.**

Participants Signature _____ Date _____

If participant is under 18 years of age:

Parent or Legal Guardian Signature _____ Date _____