

Midland Ki Federation
Winter Instructor's Intensive 2017 Application Form
January 26 – 29, 2017
In Athens, Ohio

PLEASE PRINT CLEARLY

Name _____ Dojo _____
Address _____ Email _____
City _____ State _____ Zip _____
Emergency Contact _____ Emergency ph.# _____
Ki Rank _____ Aikido Rank _____
Chief/Head Instructor's Signature _____

Check All Classes You Will Attend _____ ALL Classes
_____ Thursday 9:30am – 4pm* _____ Friday Day 9:30am – 4pm**
*Above Limited to: *MKF Head/Lead Instructors **MKF Instructors/Instr. Track 2nd Kyu or up*
Below classes OPEN TO ALL.
_____ Friday Evening 6:30pm – 9pm _____ Saturday 9:30am – 12pm
_____ Saturday 1:30pm – 4pm _____ Sunday 10am – 1pm
*Thursday & Friday Day classes at Athens Ki-Aikido dojo**
*Friday evening, Saturday & Sunday classes at Ohio University Ping Center**
***Directions to venues, local accommodations information, and additional information will be sent when registration is received.**

FEES
\$300 for ALL 6 Seminar classes (Th, F, S, Sn) (Qualified Instructors)
\$200 All 4 Open classes (F evening, S, Sn)
\$100 per day \$65 per individual class

Please send your non-refundable deposit of \$100 by January 15th, 2017

Total Class Fee: \$ _____
Less Deposit: \$100 _____
Balance Due: \$ _____ Balance must be paid on first day of class attendance.

Send Application and payment to:
Ki Aikido USA, 10552 Interlake Ave., Seattle WA 98133
Or to aikidous@gmail.com

Payment via PayPal REQUIRES Registration form sent to above.

.....

Release Form – Liability and Assumption of Risk

I, _____, certify that I am in good health and have no physical defects which would endanger my health in participation of this Instructor's Intensive of Shinshin Toitsu Aikido Kai. On behalf of myself and my heirs, I hereby release Ki Aikido USA, Midland Ki Federation, Athens Ohio Ki-Aikido, ACEnet, Ohio University, and all their officers, agents and/or instructors, from liability resulting from, or in any manner arising out of, any injury or damage which may be sustained by me or my property on account of my participation and/or transportation connected with herein said activity.

I represent and covenant at this time of signing this release application, I am legally competent to execute it and that before signing it, I have fully informed myself of its contents and execute it with full knowledge thereof.

Signature _____ Date _____