



**IAIDO SEMINAR REGISTRATION**

**2:00 – 6:00 PM, Sunday, March 21, 2010**

**in conjunction with**

**22nd ANNUAL CLEVELAND KENDO TOURNAMENT**

**GREATER NORTHEASTERN US KENDO FEDERATION CHAMPIONSHIPS**

**PARTICIPANT'S INFORMATION**

*Please type or print clearly*

**NAME** \_\_\_\_\_ **AGE** \_\_\_\_\_

(Last)

(First)

(M.I)

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_ **CELL PHONE** \_\_\_\_\_

**CLUB NAME** \_\_\_\_\_ **GENDER** M / F

**MEMBER FEDERATION** \_\_\_\_\_

**Iaido experience Rank** \_\_\_\_\_ **Where obtained** \_\_\_\_\_ **When obtained** \_\_\_\_\_

**History**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**III. WAIVER OF LIABILITY**

*Please read the box below and provide individual signature*

I, intending to be legally bound, do hereby, for myself, heirs, executors, and administrators, wave, release, and forever discharge any claims for damages which I may incur, or which may hereafter accrue to me against Case Western Reserve University, Case Western Reserve Kendo Club, Cleveland Kendo Association, and Greater Northeastern US Kendo Federation for all, or any damages which may be sustained or suffered by me in connection with my participation in, or arising out of transportation to and back from the above tournament held at the Adelbert Gymnasium of the Case Western Reserve University in Cleveland, OH, and where the contestant is a minor, I, the parent or guardian, do agree to the above waiver and give permission to the tournament officials to seek medical attention for the contestant in the event of sickness or injury.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please enclose a check for \$10.00 payable to Greater Northeastern Kendo Federation**

**MAIL TO: TSUYOSHI INOSHITA, M.D**  
**916 11<sup>TH</sup> STREET, PORTSMOUTH, OH 45662**  
**DEADLINE- POSTMARKED BY AMARCH16, 2010 (MONDAY)**